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ABSTRACT

This document is a report evaluating the Community Options Program (COP) operated in Wisconsin in 1982 and 1983. The report states that the program is designed to reduce the institutionalization of disabled persons by supporting these persons in the community, thereby decreasing expenditures for long term support and slowing the demand for nursing home beds. The document reports that the data on the influence of the COP on Medicaid-funded admissions to nursing homes are inconclusive. Elderly and nonelderly disabled persons in the program are compared and the COP clients' characteristics are profiled in light of their risk of institutionalization. An extensive segment of the document compares the costs of COP programs versus nursing home care, examining such factors as Medicaid eligibility, client turnover, Medicaid costs for community care, and Medicaid costs for nursing home care. Eighty data tables and seven figures are given to document this analysis. The report concludes that Community Option Programs do not replace or diminish private support to the disabled by friends and family. Appendices include data collection instruments, county statistics, specific comparison groups, and services available in Wisconsin. (ABL)

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THE COMMUNITY OPTIONS PROGRAM - An Evaluation of Program Operations During 1982 and 1983

CG 018778

Division of Policy and Budget

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Wisconsin Department of Health and Social Services

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Madison, Wisconsin

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THE COMMUNITY OPTIONS PROGRAM -
An Evaluation of Program Operations
During 1982 and 1983

Wisconsin Department of Health and Social Services,
Division of Policy and Budget, Bureau of Evaluation

December, 1984

DOCUMENT DIGEST

Department of Health
and Social Services

Document Title: The Community Options Program - An Evaluation of Program Operations During 1982 and 1983

This Digest summarizes the above document dated: December 1984

Community Options Programs were initiated in 1982 to offer alternatives to nursing home care. The 1983-85 state budget act required the Department to evaluate four aspects of the Community Options Program(COP):

1) Whether persons receiving alternative community services are at risk of institutionalization,

2) Whether the program maximizes the services of family and friends,

3) The varying degrees of difficulty of serving different disability groups, and

4) Comparing the cost of alternative community services and of institutionalization.

Based on data reflecting the operation of COP programs in 1982 and in 1983 the evaluation found that:

- Most of the persons receiving COP-funded community services were at risk of entering nursing homes prior to receiving COP-funded services,

- The receipt of COP-funded services was not associated with a decline in the amount of natural support services (services provided to persons by their friends, neighbors, or relatives) or with any significant shift from unpaid to paid natural support services,

- Services to nonelderly disabled persons (that is, chemically dependent, physically disabled, chronically mentally ill, and developmentally disabled persons) increased between 1982 and 1983 in COP programs. By 1983, the numbers of nonelderly disabled persons referred to the program were generally similar to what would be expected given the numbers of nonelderly disabled persons residing in nursing homes, and the nonelderly disabled persons receiving COP-funded services received as many days of service, on average, as did elderly persons.

- Although the amount of COP funds used to serve a person appeared to depend more on other factors than upon his/her disability, a lack of resources was cited more often as a reason for not developing or implementing case plans for developmentally disabled, chronically mentally ill, and chemically dependent persons than it was cited as a reason for not developing or implementing case plans for elderly persons or for nonelderly physically disabled persons. Counties also reported that a lack of experience or familiarity with serving the disabled made it more difficult to serve them.

- Overall, the public cost of serving a person in the community was less than the cost of serving a person in a nursing home or DD center. However, for the state, the costs of the COP program were estimated to be greater than would have occurred in the absence of the program. This occurred because the state paid for approximately 59 percent of the cost of community care (but for only 42 percent of the cost of nursing home care), because some of the persons receiving COP-funded services were not at imminent risk of entering nursing homes, and because others would not have been Medicaid-funded nursing home residents immediately upon entering nursing homes.

- For all public payors, however, the COP program was judged to lead to a savings over institutional care. Savings occurred for all public payors even if it was assumed that some of the persons receiving COP-funded services would not have otherwise sought publicly-funded assistance.

The evaluation also found that there was a decline in Medicaid-funded admissions to Wisconsin nursing homes in 1982 and in 1983. These declines, however, were not judged to be related to the initiation of COP programs.

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Completion of this report was only possible due to the assistance provided by a number of persons. In addition to commenting on early drafts of this report, Division of Community Services Office of Program Initiatives staff provided access to data collected from COP counties under the standard COP reporting system. The Division of Health provided major assistance by reviewing and/or retrieving physician plan of care reports for COP-funded clients, by requesting and even helping to analyze Medicaid payment information from the Medicaid Management Information System, by supplying information from the Annual Survey of Nursing Homes, and by supplying information from the Department's Medicaid nursing home rate files. Finally, the 28 counties operating COP programs in 1983 made the development of this report possible by supplying detailed information on a sample of COP-funded clients in 1983.

I. INTRODUCTION

This report evaluates the Community Options Programs operated in Wisconsin in 1982 and 1983. It has been prepared to fulfill the Department's responsibility for evaluating the program and to provide information for persons responsible for planning future program operations.

DESCRIPTION OF COMMUNITY OPTIONS PROGRAMS

The Community Options Program (COP) was authorized by the state's 1981-83 biennial budget act to provide community-based alternatives to nursing homes/DD centers. Like a number of other long-term support policies, COP is designed to reduce/prevent institutional placements in cases where less restrictive settings are appropriate. (Other policies designed to reduce/prevent institutional placements include the moratorium on nursing home beds; the increased Supplemental Security Income (SSI) supplement for elderly persons in alternate living arrangements; bonding authority for community-based residential facilities (CBRFs); and the elimination of Medicaid reimbursement for nursing home care for persons who only need personal or residential care.) COP also represents an attempt to reduce Medicaid expenditures for nursing home care. By funding and coordinating community long-term support services, COP is expected to counteract the current fiscal incentives to place persons in nursing homes and, therefore, ultimately slow the increase in demand for nursing home beds.

Through COP programs, the functional abilities/disabilities of persons currently residing in nursing homes/DD centers or seeking or about to be admitted to nursing homes/DD centers are assessed and the social and medical services that would be needed to maintain them in the community identified. Persons assessed by COP are notified of the types of arrangements that might be made to serve them in community settings. If the person decides that s/he would prefer to be served in the community, and if community services are deemed feasible and financially viable by the assessment agency, a case manager develops a service plan for the individual. A client who wishes to receive services according to the case plan developed for him/her is then served in community settings. If the client's income and assets show that he or she is eligible for COP service funds, and if other funding sources are not available/sufficient to obtain the community services he/she needs, COP funds can be used to obtain needed services.[1]

The amount of additional funding provided for community long-term support services through COP equals 42 percent of the cost of placing COP service recipients in nursing homes/DD centers. (This 42 percent, in turn, equals the state's share of nursing home costs for Medicaid-eligible persons.) The additional funds made available from COP, along with funding from other sources such as the Social Services Block Grant and Title III of the Older Americans Act, are expected to provide sufficient services to prevent many nursing home/DD center placements.

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[1] Medicaid-eligible persons and persons likely to become Medicaid-eligible within 6 months are financially eligible for COP-funded community services. Eligibility for assessment and case plans does not depend upon client income.

At full implementation, COP assessments will be mandatory for Medicaid patients seeking admission to nursing homes as well as for persons expected to be eligible for Medicaid within six months of admission, but private pay patients will be able to waive COP assessments.[1] Counties' assessment of current nursing home residents who are eligible for Medicaid will also be optional.

Allocation of Funds

Money to operate Community Options Programs is allocated to counties in three categories -- monies for assessment, case plan development, and services. Counties may combine assessment and case plan monies or use these monies to pay for community services, but they cannot use service money to assess clients or develop case plans. The amount of money allocated to an individual county is determined on a formula basis.[2] COP legislation also required that no county could receive more than 50 percent of the total funds available in 1982, and that for the first 6 months of 1983, no county could receive less than they received in 1982.

Reimbursement

In 1982, counties were reimbursed $60 for each COP assessment and $200 for each COP case plan. In 1983, these amounts were increased to $63 and $209 respectively.

Reimbursement for services is based on the actual amount of COP service money counties report they spend for clients, but was limited to a yearly average of $400 a month per client in 1982 and to a yearly average of $414 a month per client in 1983.

Administration

COP programs are administered by county social service, human service, or 51 board agencies. The county board of supervisors is responsible for designating a lead administrative agency for COP and also for appointing persons to serve on a long-term support planning committee. The long-term support planning committee (which includes consumers, county officials and health and social service providers) is responsible for developing a plan for COP as an addendum to the county's coordinated plan and budget.

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[1] Full implementation refers to the point at which counties are assessing all persons applying for nursing home/DD center admission as well as current residents of such facilities wishing to be assessed. Counties have four years to reach full implementation.

[2] The formula considered 1) the county's percentage of the state's average Medicaid population during a 6 month period, 2) the county's ranking on a urban-rural scale, and 3) the county's ranking determined by the ratio of the full value of taxable property to the county's population.

Responsibilities of the lead administrative agency include organizing assessment activities; arranging service contracts; and providing for case management, periodic case plan review and follow-up services for persons receiving COP-funded services. Lead administrative agencies are also responsible for determining if clients are financially eligible for COP-funded services and for billing clients determined to have an "ability to pay" for part or all of the cost of the social services provided to maintain them in community settings.[1]

County Participation

In January of 1982, eight volunteer counties received funding to operate COP programs. In 1983, the program was expanded so that 28 counties were participating. An additional 9 counties were selected to participate in 1984, and it is expected that all but 13 of the state's 72 counties will be operating COP programs in 1985. Table 1 presents summary information on the COP programs operating in 1982 and 1983 and figure 1 illustrates the number of persons receiving COP-funded services each month.

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[1] Counties may elect not to bill clients financially eligible for COP services for the cost of services provided to them. The amount of money a client can be required to pay depends on the percentage of the client's unprotected income the county decides will be the client's share. It can range from 0 percent up to the total cost of the services provided.

TABLE 1
Profile of 1982 and 1983 COP Programs

County	Lead Agency[a]	COP Funds Allocated Assessment	COP Funds Allocated Case Plans	Services	Persons Referred	# Assessments[b]	# Case Plans[b]	Persons Served COP $	Persons Served Other $	COP Service Funds Spent[c]
					1982 COP PROGRAMS					
Dane	DSS	$67,110	$26,021	$205,511	119	87	67	55	4	$37,806
LaCrosse	51 Board	$22,255	$8,629	$68,153	48	37	34	15	2	$11,941
Pepin	HSD	$2,907	$1,127	$8,900	47	35	15	8	5	$6,445
Portage	HSD	$16,061	$6,227	$49,183	106	88	23	17	5	$16,310
Racine	HSD	$50,935	$19,749	$155,977	316	216	80	31	36	$42,639
Rusk	DSS	$5,506	$2,135	$16,860	27	4	2	0	2	0
Waupaca	DSS	$12,236	$4,745	$37,472	173	90	62	33	16	$32,526
Winnebago	DSS	$34,989	$13,566	$107,144	179	155	83	39	25	$45,978
1982 Total	-	$211,999	$82,199	$649,200	1,015	712	366	198	95	$193,645
					1983 COP PROGRAMS					
Dane	DSS	$67,110	$26,021	$504,153	365	257	208	203	13	491,684
LaCrosse	HSD	$22,255	$8,629	$167,190	88	46	42	64	3	151,364
Pepin	HSD	$2,907	$1,127	$21,834	51	34	22	23	5	20,739
Portage	HSD	$16,061	$6,227	$120,654	141	108	51	60	1	118,367
Racine	HSD	$50,935	$19,749	$382,638	804	613	216	148	45	307,907
Rusk	DSS	$5,506	$2,135	$41,361	43	30	17	10	2	10,864
Waupaca	DSS	$12,236	$4,745	$91,925	180	85	77	27	26	89,573
Winnebago	DSS	$34,989	$13,566	$262,843	472	401	184	140	32	281,224
(Subtotal)	-	($211,999)	($82,199)	($1,592,598)	(2,144)	(1,574)	(817)	(675)	(127)	(1,471,722)
Ashland	51 Board	$7,002	$2,840	$15,215	43	32	18	10	2	14,667
Brown	DSS	$66,288	$26,886	$144,066	120	117	69	67	5	109,960
Calumet	DSS	$8,206	$3,328	$17,831	17	9	7	4	0	2,763
Chippewa	51 Board	$19,351	$7,848	$42,051	134	90	71	50	16	30,997
Eau Claire	HSD	$26,704	$10,831	$58,036	132	109	53	25	7	52,894

BEST COPY AVAILABLE

TABLE 1 - Continued

County	Lead Agency[a]	COP Funds Allocated		Services	Persons Referred	# Assessments[b]	# Case Plans[b]	Persons Served		COP Service Funds Spent[c]
		Assessment	Case Plans					COP $	Other $	
1983 COP PROGRAMS										
Jackson	DSS	$6,868	$2,785	$14,925	74	35	30	11	10	13,653
Jefferson	HSD	$15,694	$6,365	$34,107	338	75	61	24	27	21,141
Kenosha	DSS	$49,752	$20,178	$108,123	240	191	143	63	32	54,310
Manitowoc	DSS	$24,030	$9,746	$52,223	111	82	47	43	5	48,246
Marathon	DSS	$32,410	$13,145	$70,437	151	129	63	48	0	46,966
Marinette	DSS	$12,174	$4,937	$26,453	75	53	28	20	4	24,001
Menomonee	51 Board	$3,169	$1,285	$6,884	40	27	23	20	1	5,358
Milwaukee	MCID	$415,700	$151,700	$584,000	1,855	1,328	1,050	236	825	220,650
Outagamie	DSS	$37,226	$15,098	$80,900	154	111	80	56	4	81,891
Rock	HSD	$58,268	$23,631	$126,627	210	143	120	102	11	166,036
Sauk	DSS	$13,021	$5,280	$28,294	97	69	26	23	4	25,841
Vernon	51 Board	$8,341	$3,382	$18,122	63	36	23	11	0	15,894
Walworth	DSS	$16,854	$6,835	$36,626	83	53	21	13	7	13,538
Washington	DSS	$17,881	$7,251	$38,854	105	67	20	11	3	18,883
Wood	DSS	$22,561	$9,149	$49,026	92	69	66	37	3	43,600
1983 Total		$1,073,499	$414,699	$3,145,398	6,278	4,399	2,836	1,549	1093	$2,483,011
(Missing 1983)					(2)		(1)			

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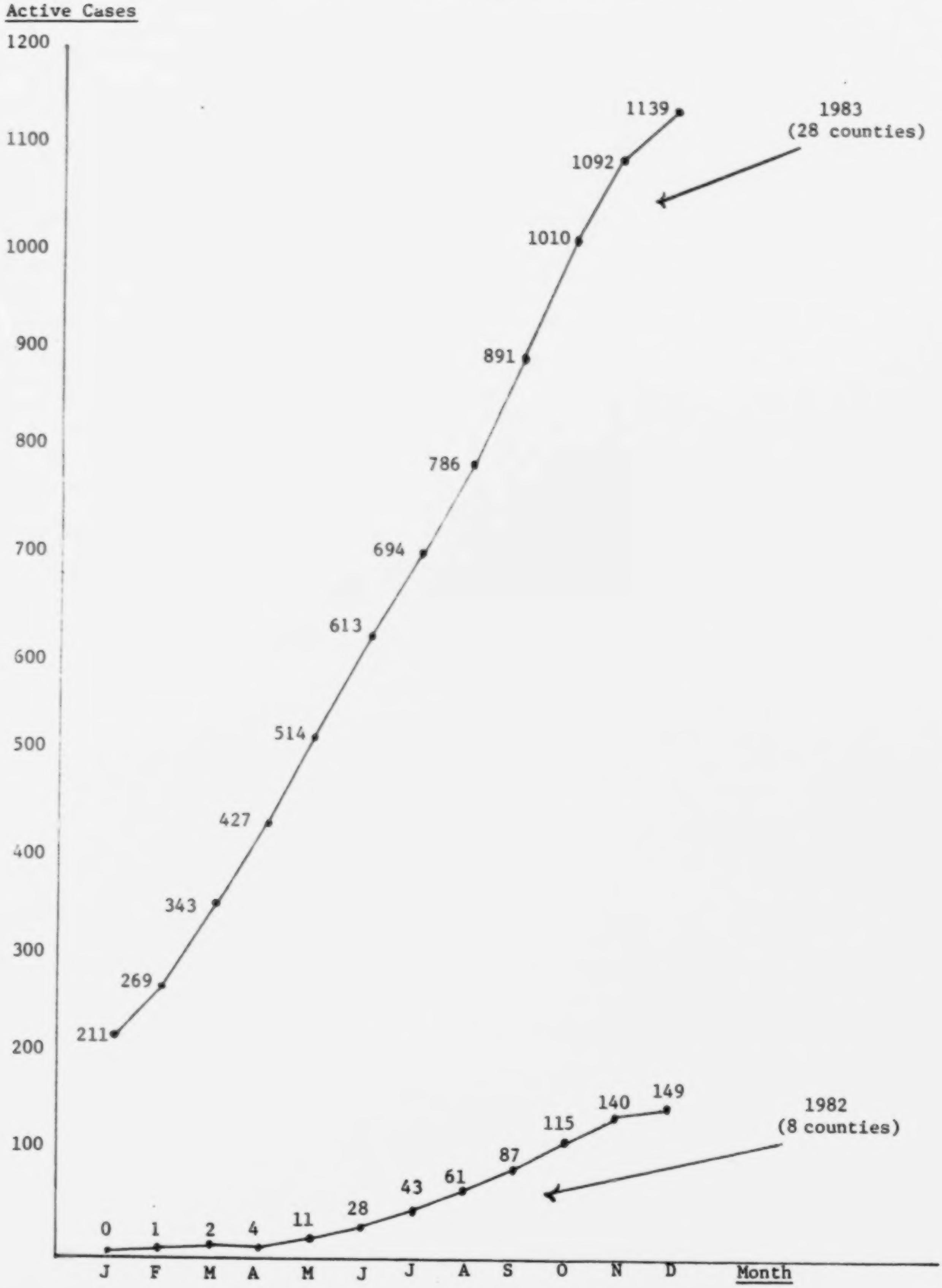
[a] DSS shows county departments of social services, HSD refers to human service departments, MCID refers to Milwaukee County Institutions and Departments.

[b] The number of assessments (and case plans) is greater than the number of persons assessed (or for whom case plans were prepared) because some persons were assessed more than once or had more than one case plan prepared. The number of assessments and case plans reported is based on the number of assessments and case plans counties were reimbursed for. The DCS information system showed 712 assessments in 1982 with 696 persons being assessed and 366 case plans for the 359 persons receiving case plans. In 1983, the information system showed 4607 assessments for 4508 persons and 3106 case plans for 3026 persons.

[c] Reflects reimbursement to counties.

Figure 1. -- Active COP Caseload Per Month



EVALUATION REQUIREMENTS AND REPORTS

The 1981-83 biennial budget act required the Department to evaluate the cost-effectiveness of the (COP) program and the ability of the program to provide alternatives to institutional care of persons. Thus, in January of 1983, the Department issued a preliminary evaluation of the eight COP programs initiated in 1982.[1] This preliminary evaluation only addressed program operations through September of 1982. The report did not include an evaluation of the cost-effectiveness of the COP, but a second report was scheduled for completion in December of 1983. It was intended that this second report would evaluate the cost-effectiveness of COP based on program operations in 1982.

Subsequently, in the 1983-85 biennial budget act, the Department was required to evaluate "the reasons why any agency finds that a community arrangement is not feasible," and to report on four aspects of the Community Options Program:

1. Whether persons receiving alternative community services are at risk of imminent institutionalization,

2. Whether the program maximizes the services of family and friends,

3. Comparing the cost of alternative community services and of institutionalization, and,

4. The varying degrees of difficulty of serving different disability groups.[2]

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[1] Wisconsin Department of Health and Social Services, Division of Policy and Budget, Bureau of Evaluation, The Community Options Program: An Evaluation of Early Implementation Experience, January 1983.

A summary of this report (The Community Options Program: Overview of Early Evaluation Findings) was also issued in January of 1983.

[2] Wisconsin Act 27, 1983-85 Biennial Budget, SB 83, sections 2020(14) and 977.

When the new evaluation requirements in the 1983-85 state budget act were finalized, the data being currently reported by COP counties were reviewed in order to determine if the Department could respond to the new legislative requirements with the data currently available. As a result of this review, it was decided that the evaluation should also include the experiences of the 20 counties starting to operate programs in 1983 and that the supplementary information needed to meet the new requirements be collected on a small sample of 1983 COP clients.

Publication of the report originally expected to be issued in December of 1983 was consequently rescheduled for January of 1985 and in February of 1984, the Department issued a summary statistical report on program operations throughout 1982.[1]

Three months later (in June of 1984) the Department issued a report summarizing the results of a phone survey of 1983 COP coordinators.[2] The survey, which was conducted for the purposes of this evaluation, focused on the administrative procedures COP counties used to determine if the persons referred to COP were at risk of entering nursing homes/DD centers.

In addition to these Departmental reports, an evaluation of six county COP programs was completed through a federal grant obtained from the Administration on Aging, Office of Human Development Services. This report focused on the administrative procedures adopted to operate COP programs in the six counties included in the study.[3]

METHODS USED TO PREPARE THIS REPORT

Data Collection

This report is based on the supplemental information obtained on a sample of 1983 COP-funded service clients as well as on information taken from the standard COP reporting forms used in 1982 and 1983. These standard reporting forms provide descriptive information on all of the persons who were referred, who were assessed, for whom case plans were developed, and who received COP-funded services in 1982 and 1983.[1] (Copies of the standard and supplemental COP reporting forms are included in Appendix A.) Additional sources of information used to prepare this report included physician plan of care reports[2], Medicaid client payment histories, the Department's nursing home Medicaid rate files, the Annual Survey of Nursing Homes, two phone surveys, and county COP plans.

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[1] Wisconsin Department of Health and Social Services, Division of Policy and Budget, Bureau of Evaluation, Summary Statistical Data on Community Options Programs in 1982, February 1984.

[2] The Wisconsin Department of Health and Social Services, Division of Policy and Budget, Bureau of Evaluation, Community Options Program Targeting Report, June 1984.

[3] Mathematica Policy Research, Final Report, A Study of the Early Implementation Experience of the Wisconsin Community Options Programs, January 1984.

Physician Plan of Care Reports

In order to determine if persons receiving COP-funded services needed the type of services offered by nursing homes, an attempt was made to obtain physician plan of care reports for all of the persons receiving COP-funded services in 1982 and for a sample of the persons receiving COP-funded services in 1983. A full description of the methods used to obtain and score these reports is contained in Chapter IV of this report.

Medicaid Data

To obtain information on the public cost of maintaining clients in community settings and the cost of nursing home care, Medicaid client histories were obtained for all of the persons receiving COP-funded services in 1982 as well as for the sample of persons receiving COP-funded services in 1983. The Department's nursing home rate files for 1982 and 1983 were also used to obtain information on the public cost of nursing home care.

Annual Survey of Nursing Homes

The 1981, 1982, and 1983 Annual Survey of Nursing Home reports completed by nursing homes and DD centers were used to determine if any changes had occurred in the number or type of persons being admitted to nursing homes/DD centers since COP started.

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[1] Information from standard reporting forms was actually obtained for all of the 198 persons who received COP-funded services in 1982 and for most of the persons who received COP-funded services in 1983. The unreported cases in 1983 were not included in the information system data tape developed by the Division of Community Services and thus these cases could not be included in this report. The COP information system also provided information on most of the assessments and case plans in 1983 and on all of those done in 1982.

[2] Physician plan of care reports are two page reports that must be completed for all persons being admitted to nursing homes. The medical and social information on these forms is used to determine the type of care needed by the person and the level of reimbursement to the nursing home.

Phone Surveys

Information for this evaluation was also obtained from two phone surveys. One of these surveys was a survey of the persons counties identified as considering nursing home care for COP clients. The survey was designed to determine how likely it was that persons receiving COP-funded services in 1983 would have entered nursing homes/DD centers if they had not received COP services. The survey also collected information on persons' reasons for favoring (or opposing) nursing home care and information on the type of natural support services being provided to COP-funded clients in 1983.

The second phone survey was a survey of the 28 coordinators of COP programs in 1983. It collected information on the procedures counties used to determine if persons referred to COP were eligible to be assessed/receive COP-funded services.

COP County Plans

The final source of information used was the COP plans submitted by counties in 1982 and 1983. Information from these plans was used throughout the report.

Sampling

Two samples were used for this evaluation. The first sample was a sample of 201 COP-funded clients in 1983. The sample was a systematic sample of clients starting to receive COP-funded services in the last quarter of 1983.

Procedures for drawing sample cases were developed in August in consultation with COP county staff. Because COP county staff reported that it would be very difficult (and, in some cases impossible) to supply the information requested on clients who had already started to receive COP-funded services, it was decided that sample cases would be drawn from clients starting to receive COP-funded services in September.[1]

The sample size for each county was calculated on the basis of the number of clients the county anticipated serving with COP funds. In mid-July, each county was called and asked how many COP-funded clients were being served and how many additional clients were expected to be added to the caseload during the rest of the year. Counties were also asked how many disabled clients they expected to serve and how many of the clients they currently were serving were carry-over clients from 1982.[1] This information was then compared to the number of clients the county could be expected to serve based on the size of its COP service fund allocation. A sample size for each county was then calculated to generate estimates that would be within 10 percent of the population values at a confidence level of 95 percent.[2]

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[1] In some counties, however, the number of clients added to the COP-funded service caseload after August was less than the number needed for the sample. These counties thus drew sample cases from earlier months.

The number of sample cases reported by all counties (201) represented approximately 13 percent of the persons receiving COP-funded services in 1983. Table 2 illustrates the sample cases reported in comparison to the total population of persons receiving COP-funded services in each county. Table 3 compares the characteristics of sample cases to those of the total population.

TABLE 2
Number of Sample Cases Per County Compared to Number
of Persons Receiving COP-Funded Services Per County In 1983

County	Sample Cases		All Cases		County	Sample Cases		All Cases	
	#	%	#	%		#	%	#	%
Ashland	2	1.0%	10	0.6%	Milwaukee	26	12.9%	236	15.2%
Brown	8	4.0%	67	4.3%	Outagamie	9	4.5%	56	3.6%
Calumet	2	1.0%	4	0.3%	Pepin	3	1.5%	23	1.5%
Chippewa	2	1.0%	50	3.2%	Portage	7	3.5%	60	3.9%
Dane	26	12.9%	203	13.1%	Racine	19	9.4%	148	9.6%
Eau Claire	3	1.5%	25	1.6%	Rock	13	6.4%	102	6.6%
Jackson	3	1.5%	11	0.7%	Rusk	2	1.0%	10	0.6%
Jefferson	3	1.5%	24	1.5%	Sauk	4	2.0%	23	1.5%
Kenosha	8	4.0%	63	4.0%	Vernon	1	0.5%	11	0.7%
LaCrosse	8	4.0%	64	4.1%	Walworth	2	1.0%	13	0.8%
Manitowoc	5	2.5%	43	2.8%	Washington	5	2.5%	11	0.7%
Marathon	7	3.5%	48	3.0%	Waupaca	5	2.5%	27	1.7%
Marinette	4	2.0%	20	1.3%	Winnebago	18	8.9%	140	9.0%
Menominee	1	0.5%	20	1.3%	Wood	5	2.5%	37	2.4%
					Total	201	100%	1,549	100%

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[1] Originally it was thought that disabled clients would have to be over-sampled to get enough cases. However, the number of disabled clients counties reported they expected to serve in the last quarter of 1983 was large enough that it was decided this would not be necessary.

[2] The cost of COP funds per day of service in 1982 was used to represent the variance for purposes of calculating sample size. ($V = .83$, $S = 9.44$, $\bar{Y} = 11.51$, $r = .10$ and $N = 1615$)

TABLE 3
1983 Supplemental Data Sample Cases Compared to All Persons Receiving COP-Funded Services in 1983

Characteristic	Sample #	Sample %	Persons Served #	Persons Served %
1. Sex				
Male	69	35%	542	35%
Female	128	65%	990	65%
(Missing)	(4)	100%	(17)	100%
2. Age/Disability				
Elderly	104	52.8%	871	56.8%
Nonelderly:				
DD	19	9.7%	159	10.4%
CMI	9	4.6%	35	2.2%
Chem. Dept	3	1.5%	25	1.6%
Phy. Dsb.	57	28.9%	416	27.1%
Other	5	2.5%	30	1.9%
(Missing)	(4)	100%	(13)	100%
3. Marital Status				
Single	47	26.4%	358	25.0%
Married	37	20.8%	350	24.5%
Widowed	77	43.2%	602	42.1%
Divorced/ Separated	17	9.6%	120	8.4%
(Missing)	(23)	100%	(119)	100%
4. Age				
Average	65.51 years		65.25 years	
Minimum	1 year		1 year	
Maximum	102.00 years		106 years	
(Missing)	(11)		(35)	

The second sample drawn for the study was a sample of 221 persons residing in nursing homes and DD centers in COP counties in 1983. This sample was selected so that sample nursing home residents and sample 1983 COP-funded service clients were similar in terms of the type of nursing care they needed (i.e., skilled care versus intermediate care). A full discussion of the procedures used to draw this sample appears in Chapter V of this report.

II. HAS COP HAD ANY IMPACT ON MEDICAID-FUNDED ADMISSIONS TO NURSING HOMES/DD CENTERS?

CONCLUSIONS

Medicaid admissions need to be monitored for a longer time period to determine if COP leads to any decline in admissions or any changes in the care level of admissions.

The relatively small numbers of Medicaid-eligible persons receiving COP-funded services in 1982 coupled with high nursing home occupancy rates and the lack of provisions to close Medicaid-funded nursing home beds as a result of COP placements all suggest that it would be very unlikely the program could have had much impact on the number or type of Medicaid-funded admissions to nursing homes in 1982.[1] Although a greater number of clients were served in 1983, high occupancy rates and the lack of provisions to close beds also suggest a limited impact in 1983.[2]

Nursing Homes

During 1982 and 1983, the number of Medicaid-funded admissions to nursing homes declined throughout the state while the incidence of Medicaid-funded admissions classified as skilled care patients remained stable at approximately 70 percent. Preliminary information available so far suggests that one year of participation in COP does not appear to be associated with any unusual declines in the number of Medicaid-funded admissions to nursing homes, whereas the second year of program operation may be associated with larger than expected declines in Medicaid-funded admissions. The analysis of Medicaid admissions in COP counties did not show any unusual changes in the proportion of admissions classified as skilled care patients.

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[1] In 1982, 118 or 60 percent of the 198 COP-funded service clients were eligible for Medicaid during the time they received COP-funded services, whereas there were 1409 Medicaid admissions to nursing homes in the 8 COP counties in that year.

[2] It is not known how many of the 1549 COP-funded clients in 1983 were eligible for Medicaid when they received COP-funded services. However, because 62 percent of the sample cases were determined to be Medicaid-eligible during the time they received COP funded services, it can be estimated that approximately 960 Medicaid-eligible persons received COP-funded services in 1983. In comparison, there were 5,879 Medicaid admissions to the nursing homes in the 28 counties in 1983. Thus, in 1982 the number of Medicaid-eligible COP-funded clients represented 8 percent of the number of admissions to nursing homes in COP counties whereas, in 1983, the number of Medicaid-eligible COP-funded clients was equal to 16 percent of the number of Medicaid admissions to nursing homes in the 28 COP counties.

DD Centers

An analysis of admissions to the state DD centers in 1981, 1982, and 1983 showed a decrease in the number of admissions between 1981 and 1982 but a slight increase between 1982 and 1983. The incidence of patients admitted as skilled care residents varied considerably. It is also unlikely that the small numbers of developmentally disabled clients served in COP in 1982 and 1983 had any impact on the number or type of DD center admissions during this period.

METHODS

In order to monitor any changes in the pattern of admissions to nursing homes that may have been associated with the initiation of COP, a question was added to the Annual Survey of Nursing Homes. The question requested a breakdown of admissions by primary payor (Medicare, Medicaid, Veterans, or private pay) and by level of care and disability (SNF; ICF-1; ICF-2; ICF-3, DD & CMI; ICF-3, Other; ICF-4, DD & CMI; ICF-4, Other). The question was first included in the 1981 Annual Survey to provide baseline information.[1]

Responses to the question were received for only 86 percent of the 32,409 nursing home admissions reported in 1981. Responses to the question were better in the next two years, reflecting 97 percent of the nursing home admissions in 1982 and 99 percent of the nursing home admissions in 1983. DD center responses to the question were received for 87 percent of the admissions in 1981 and for all of the admissions in 1982 and 1983.

The data reported were aggregated by county to determine if participation in COP was associated with any changes in the number of Medicaid-funded admissions to nursing homes or with any changes in the care levels of Medicaid admissions to nursing homes. (It was expected that COP may have fostered an increase in the incidence of skilled care Medicaid admissions.) Admissions to the state DD centers were analyzed separately because they were not reported by county.

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[1] 1981 represents a baseline because it is before COP started and also before changes to Medicaid state policy which eliminated the coverage of ICF-3 (personal) and ICF-4 (residential) care took effect. These changes were phased-in during 1982 and 1983 and were applied to developmentally disabled (DD) and chronically mentally ill (CMI) persons later than to elderly persons.

NURSING HOME ADMISSIONS

Admissions Statewide

The initiation of COP in 1982 coincided with the largest decline in nursing home admissions observed since 1974.[1] As figure 1 illustrates, the number of admissions in 1982 was 15 percent less than the number in the previous year.

While the overall decline in admissions moderated in 1983 (in that year, admissions declined by only about 1 percent) Medicaid-funded admissions appeared to decline significantly in both years. Medicaid-funded admissions reported for 1982 were about 17 percent less than in 1981 and those reported for 1983 were about 12 percent less than in 1982.[2] (See figure 2.) The decline in Medicaid-funded admissions coincided with increases in Medicare-funded, private pay and Veterans admissions. (See table 1.)

Admissions in COP Counties

Between 1981 and 1982, the number of Medicaid admissions to nursing homes in the 8 counties which started COP programs in 1982 declined by about 9 percent. This decline was less than that noted in the 20 counties which started COP programs in 1983. It also was less than the decline noted in the 44 counties which did not operate COP programs in either year. Between 1982 and 1983, however, declines in Medicaid-funded admissions to nursing homes in 1982 COP counties as well as in 1983 COP counties exceeded those in non-COP counties.

Thus, during the first year of program operation, admissions in 1983, but not in 1982 COP counties, declined more than in other counties. During the second year of program operation, admissions in 1982 counties declined more than they did in other counties.

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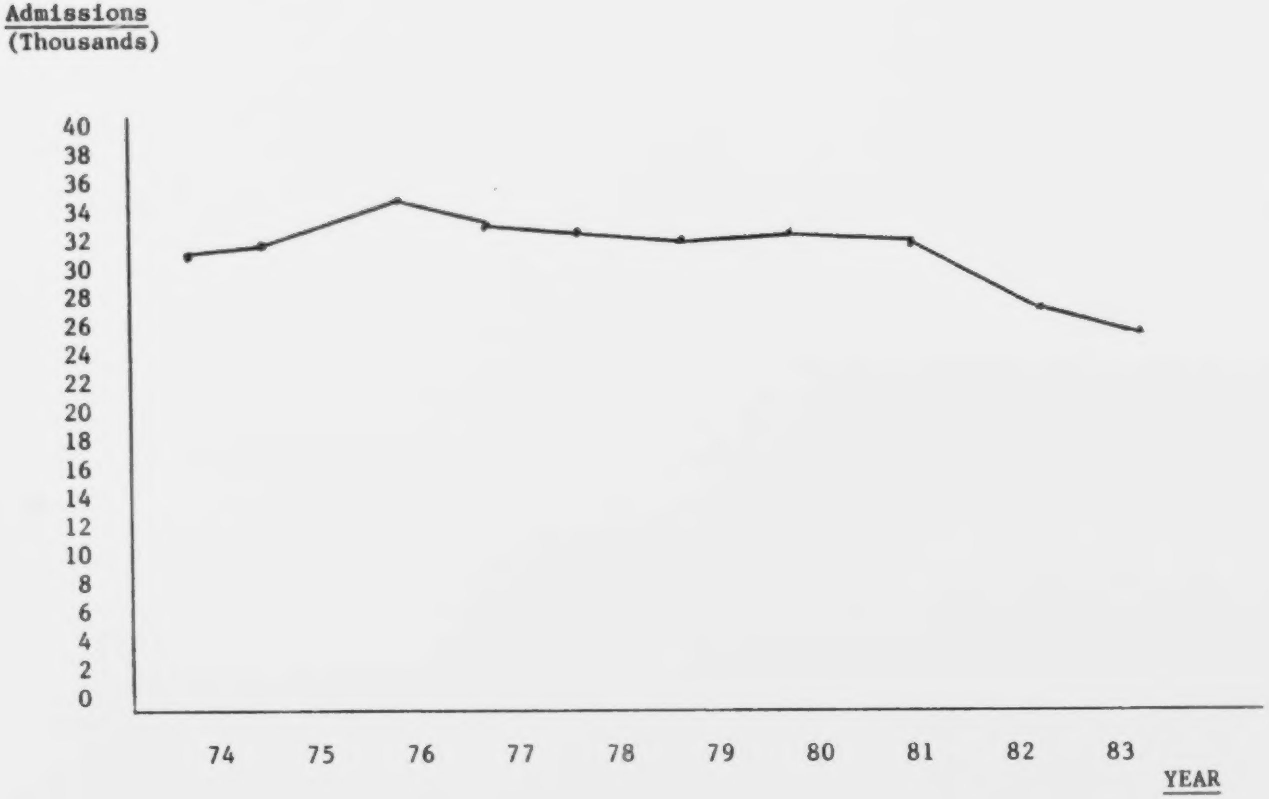
[1] In 1974, the state began to collect uniform data from all nursing homes in the state.

[2] It should be noted that reporting of admissions by primary payor was less than complete. The figures in this section, therefore, need to be considered as estimates. It is possible that if a higher proportion of admissions in 1981 had been reported, the decline in Medicaid-funded admissions between 1981 and 1982 would have been less marked. It is also possible that underreporting may have varied by the factor used to categorize counties (i.e. COP participation).

Figure 2. --- TOTAL ADMISSIONS TO WISCONSIN NURSING HOMES
1974 - 1983



Year	Total Admissions	% Change
1983	27,141	- 0.9%
1982	27,388	-15.5%
1981	32,409	- 0.2%
1980	32,905	+ 2.3%
1979	32,150	- 1.6%
1978	32,696	- 0.4%
1977	32,840	- 5.6%
1976	34,791	+ 8.7%
1975	32,012	+ 1.2%
1974	31,623	

Figure 3. -- REPORTED MEDICAID-FUNDED ADMISSIONS TO WISCONSIN NURSING HOMES AND DD CENTERS
1981 - 1983

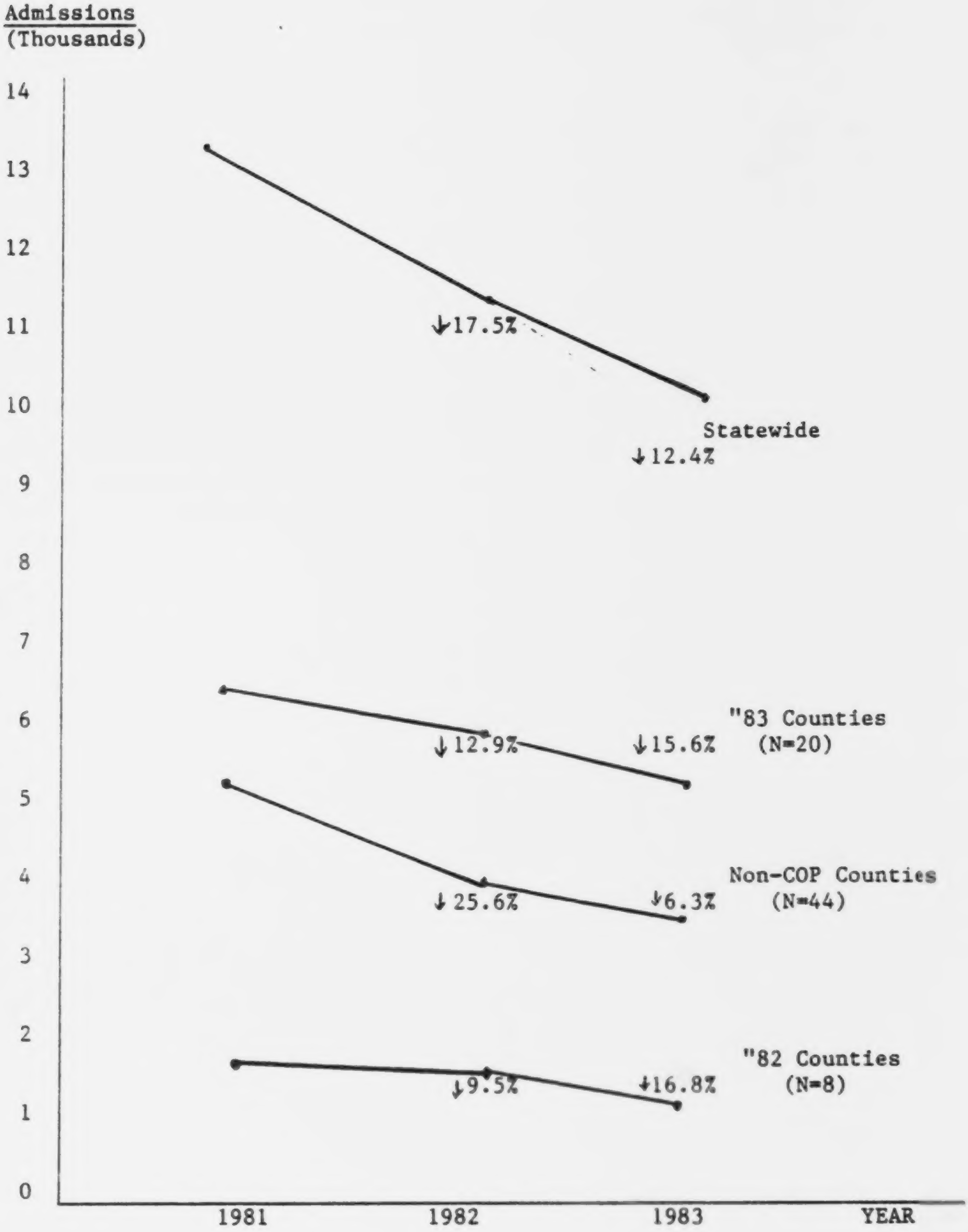


TABLE 4
Reported Admissions By Primary Payor

COUNTY TYPE	1981	1982	1983	% Change 1981-1983
MEDICAID-FUNDED ADMISSIONS				
"82 COP Co.	1557	1409	1172	- 24.7%
"83 COP Co.	6399	5576	4707	- 26.4%
Non-COP Co.	5249	3906	3658	-30.3%
Total	13,205	10,891	9,537	-27.8%
MEDICARE-FUNDED ADMISSIONS				
"82 COP Co.	683	678	994	+ 45.5%
"83 COP Co.	1338	1801	2365	+ 76.8%
Non-COP Co.	520	702	896	+ 72.3%
Total	2541	3181	4255	+ 67.5%
OTHER ADMISSIONS[a]				
"82 COP Co.	1950	1972	2162	+ 10.9%
"83 COP Co.	5897	5916	6113	+ 3.6%
Non-COP Co.	4293	4658	4736	+ 10.3%
Total	12,140	12,546	13,011	+ 7.2%
TOTAL REPORTED				
"82 COP Co.	4190	4059	4328	+ 3.3%
"83 COP Co.	13,634	13,293	13,185	- 3.3%
Non-COP Co.	10,062	9,266	9,290	- 7.7%
Total	27,886	26,618	26,803	- 3.9%
Actual # Admissions	32,409	27,388	27,141	- 16.3%
% Reported	86%	97%	99%	

[a] Other includes Veterans admissions and private pay admissions.

While the second year of participation in COP appeared to be associated with a decline in Medicaid-funded admissions to nursing homes, the decline may have been due to the factors responsible for the overall decline in Medicaid-funded admissions during 1982 and 1983 rather than to participation in COP. Given high nursing home occupancy rates, the lack of provisions to close Medicaid-funded nursing home beds as a result of COP placements, and the small number of Medicaid-eligible persons receiving COP-funded services in 1982 and 1983, it is unlikely COP could have had much effect on the number of Medicaid-funded admissions to nursing homes in COP counties. (Table B1 in Appendix B presents the number of admissions to nursing homes in each county.)

Type of Admissions

The percent of Medicaid-funded admissions to nursing homes throughout the state classified as skilled care patients stayed at approximately 70 percent during 1981, 1982, and 1983. Counties which started COP programs in 1982 experienced a slight increase in the incidence of skilled care Medicaid-funded admissions to nursing homes during 1982, but not during 1983, while counties starting COP projects in 1983 experienced essentially no change in the incidence of skilled care Medicaid-funded admissions to nursing homes during the first year of program operation. (See table 5.)

TABLE 5
Percent of Medicaid Admissions to Nursing Homes
Classified as Skilled Care Patients

Type of County	1981	1982	1983
1982 COP County	70.8%	76.3%	75.9%
1983 COP County	70.5%	71.7%	69.5%
Non-COP County	67.6%	68.2%	69.9%
All Counties	69.4%	71.05%	70.5%

DD CENTER ADMISSIONS

Number of Admissions

As table 6 illustrates, between 1981 and 1982 there was a decline in DD center admissions; in 1983, admissions increased slightly.

Type of Admissions

The proportion of Medicaid-funded admissions classified as skilled care patients varied considerably over the three years and from center to center.

TABLE 6
DD Center Admissions by Primary Payor and Care Level

DD Center	Medicaid			Private Pay		Total	
	SNF	Total	Pct. SNF	SNF	Total	Reported Total	Actual Total[a]
Northern							
1981	2	78	2.6%	0	1	79	79
1982	0	59	0	0	0	59	59
1983	7	42	16.6%	0	0	42	42
Southern							
1981	5	39	12.8%	0	0	39	78
1982	10	28	35.7%	0	0	28	28
1983	6	26	23.1%	0	0	26	26
Central							
1981	107	139	77.0%	0	0	139	138
1982	23	144	16.0%	0	0	144	144
1983	132	171	77.2%	1	1	172	172
Total							
1981	114	256	44.5%	0	1	257	295
1982	33	231	14.3%	0	0	231	231
1983	145	239	60.6%	1	1	240	240

[a] The actual total represents the number of admissions reported in response to another question on the Annual Survey of Nursing Homes.

III. ARE DISABLED PERSONS MORE DIFFICULT TO SERVE IN COP PROGRAMS?

CONCLUSIONS

The evaluation found that nonelderly disabled chronically mentally ill, chemically dependent, and developmentally disabled persons were more difficult to serve than elderly persons or nonelderly physically disabled persons because the resources needed to maintain them in community settings were less likely to be available. Overall, the amount of COP funds used to serve a person depended more upon other factors than it did upon his/her age/disability, but, on average, the amount of COP funds used to serve nonelderly disabled persons was greater than the amount of COP funds used to serve elderly persons. Counties also reported that lack of experience/familiarity with the disabled made it more difficult to serve them.

Despite these concerns, the evaluation found that in 1983, nonelderly disabled persons were referred to the program in expected numbers; that, once referred, they were more likely to receive community services than elderly persons; and that they received as many days of service, on average, as elderly persons. Findings regarding each of the disability groups follow.

Developmentally Disabled

It was found that some developmentally disabled persons were more difficult to serve because they were less likely to be referred to COP than would be expected based on the incidence of nonelderly developmentally disabled persons residing in nursing homes and because the resources (particularly the financial resources) needed to serve them in community settings were not available. The costs associated with serving nonelderly developmentally disabled persons in 1983 were found to be greater than those associated with serving other persons. (In 1982, multiply disabled clients were the most expensive client group. In 1983, the number of multiply disabled clients wasn't reported.)

Despite these difficulties, in 1982 and in 1983 nonelderly developmentally disabled persons referred to COP were more likely to be served than elderly persons and, in 1983 nonelderly developmentally disabled persons received more days of COP-funded services, on average, than any other client group.

Chemically Dependent and Chronically Mentally Ill

Regarding services to chemically dependent and to chronically mentally ill clients it was found that:

- fewer than expected numbers of nonelderly chronically mentally ill persons were referred to COP in 1982 but, by 1983, the numbers of nonelderly chronically mentally ill persons being referred were similar to what would be expected given the numbers of nonelderly chronically mentally ill persons residing in nursing homes and DD centers. (In both years, the numbers of nonelderly chemically dependent persons referred were close to what would be expected.)

- the chemically dependent and the chronically mentally ill persons who were referred to COP were as, or more, likely to receive COP-funded services as elderly persons even though a lack of services or vendors was often cited as a reason for not implementing case plans developed for chemically dependent and for chronically mentally ill persons.
- In 1982, the two chemically dependent persons who were served received fewer days of COP-funded services, on average, than all other client groups except the multiply disabled. In 1983, chemically dependent persons received approximately as many or more days of service, on average, as elderly or other nonelderly disabled clients. In 1983, fewer days of COP-funded services were provided to chronically mentally ill clients, on average, than to other clients. (No nonelderly chronically mentally ill clients received COP-funded services in 1982.)
- In 1983, the average daily costs of serving chemically dependent and chronically mentally ill clients were considerably less than those associated with serving elderly or other nonelderly disabled clients.

Physically Disabled

Regarding services to the physically disabled it was found that:

- the numbers of nonelderly physically disabled persons referred to COP in 1982 and in 1983 were greater than would be expected given the number of nonelderly physically disabled persons residing in nursing homes and DD centers. In part, this may have resulted from the broader definition of physical disabilities used by COP.[1] (The definition of physical disabilities used to survey nursing home and DD center residents was limited to specific physical conditions.)
- In 1982 and in 1983 nonelderly physically disabled persons referred to COP were more likely to be served than elderly or other nonelderly disabled persons, and, in 1983 they received approximately as many days of service, on average, as elderly clients. (In 1982, they received fewer days of service on average.)
- Difficulties in identifying needed resources did not appear to be a significant factor in planning services for nonelderly physically disabled clients.
- In 1982 and in 1983 the costs of serving nonelderly physically disabled clients were higher than the costs of serving elderly clients.

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[1] A copy of the definition of physical disabilities used for COP reporting appears in Appendix A.

General Findings

Regarding services to disabled persons in general it was found that COP coordinators felt they had had insufficient referrals of disabled persons and that a lack of experience/familiarity with the disabled made it more difficult to serve them. Coordinators also noted a lack of resources to serve the disabled and generally objected to the numerical goals set up to monitor services to disabled persons in COP. In some cases, counties established policies giving preference to disabled clients in an effort to ensure that they were served. Consistent with statutory requirements, nearly all of the COP coordinators stated that other funding sources are explored and used before COP funds are used to serve disabled persons.[1]

LIKELIHOOD OF BEING REFERRED

Background Information

In 1982, COP counties were able to "phase-in" COP services. That is, they could elect to serve persons in certain locations (such as hospitals for example) or persons with certain disabilities (such as chronic mental illness for example) later in the year or not until the following year. The COP Guidelines in 1982 specified that:

> Generic Focus: There should be reflected, in the first year, planning capability for all age and disability groups, with all major agencies in the county involved. If a county chooses to prioritize by age or disability group, it should be specified in the county plan at what point in the future each disability group is expected to be covered. Ideally, at least three target group sub-populations should be covered in the first year and certainly more than just one sub-population, unless the county is able to offer a very persuasive justification for such limited scope (e.g., being an extremely small county).

In practice, although one of the 1982 participating counties (LaCrosse) was required to serve specified proportions of persons with various disabilities[2] (the program plan specified that, of all persons assessed, 40 percent would be developmentally disabled, 20 percent chronically mentally ill, and 40 percent elderly or physically handicapped) the plans of other counties limited services to disabled. Thus, one county elected to phase-in clients so that developmentally disabled persons would not be served until August and chronically mentally ill not until October. The other six counties' COP plans called for phasing-in referrals by location rather than by disability group. However, most of these plans called for taking referrals from the state DD centers toward the end of the year -- in effect, reducing the overall likelihood of obtaining referrals of developmentally disabled clients. Also only two of the counties specified psychiatric hospitals as referral sources during the first year.

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[1] The above information from COP coordinators was obtained during a telephone survey to the 28 COP coordinators operating programs in 1983. The survey was conducted in the Spring of 1984.

[2] This requirement was developed because LaCrosse was selected after a county which would have had a 51 board lead agency elected not to operate a COP program.

In 1983, counties were also able to "phase-in" services to persons in certain groups or locations. Most counties elected to phase-in referrals by location with a number deciding not to take referrals from psychiatric hospitals until 1984 or to delay referrals from DD centers until later in the year. Three counties elected not to serve developmentally disabled or chronically mentally ill persons until 1984 and three counties phased-in services by both location and disability group.

Figures 4 and 5 show that, in both years, nonelderly disabled clients tended to start receiving COP-funded services later in the year than elderly clients. The difference, however, was less marked in 1983.

Figure 4. -- Cumulative Percentage of Elderly and Nonelderly Disabled Clients Who Received COP-Funded Services in 1982 By Month COP Services Started

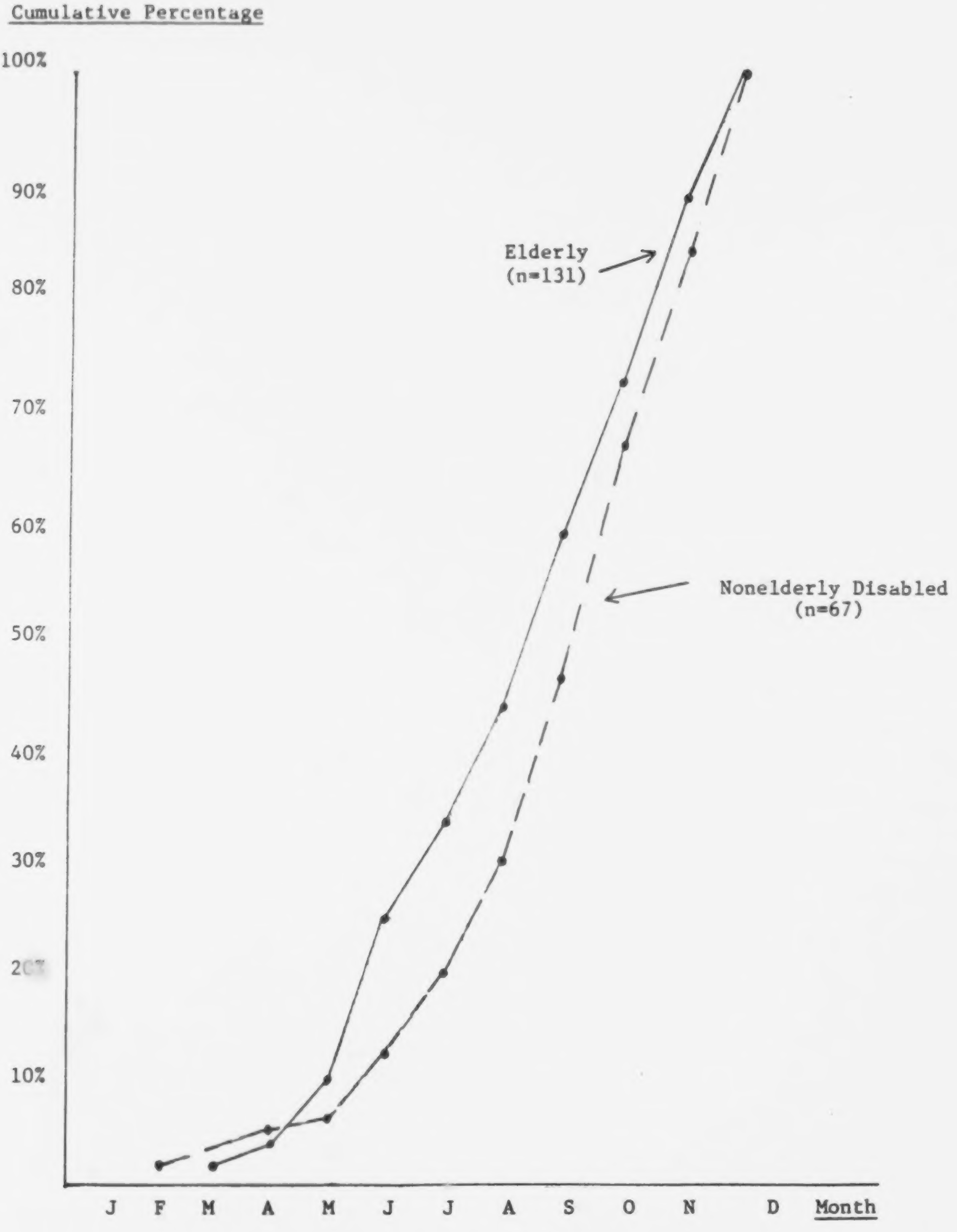
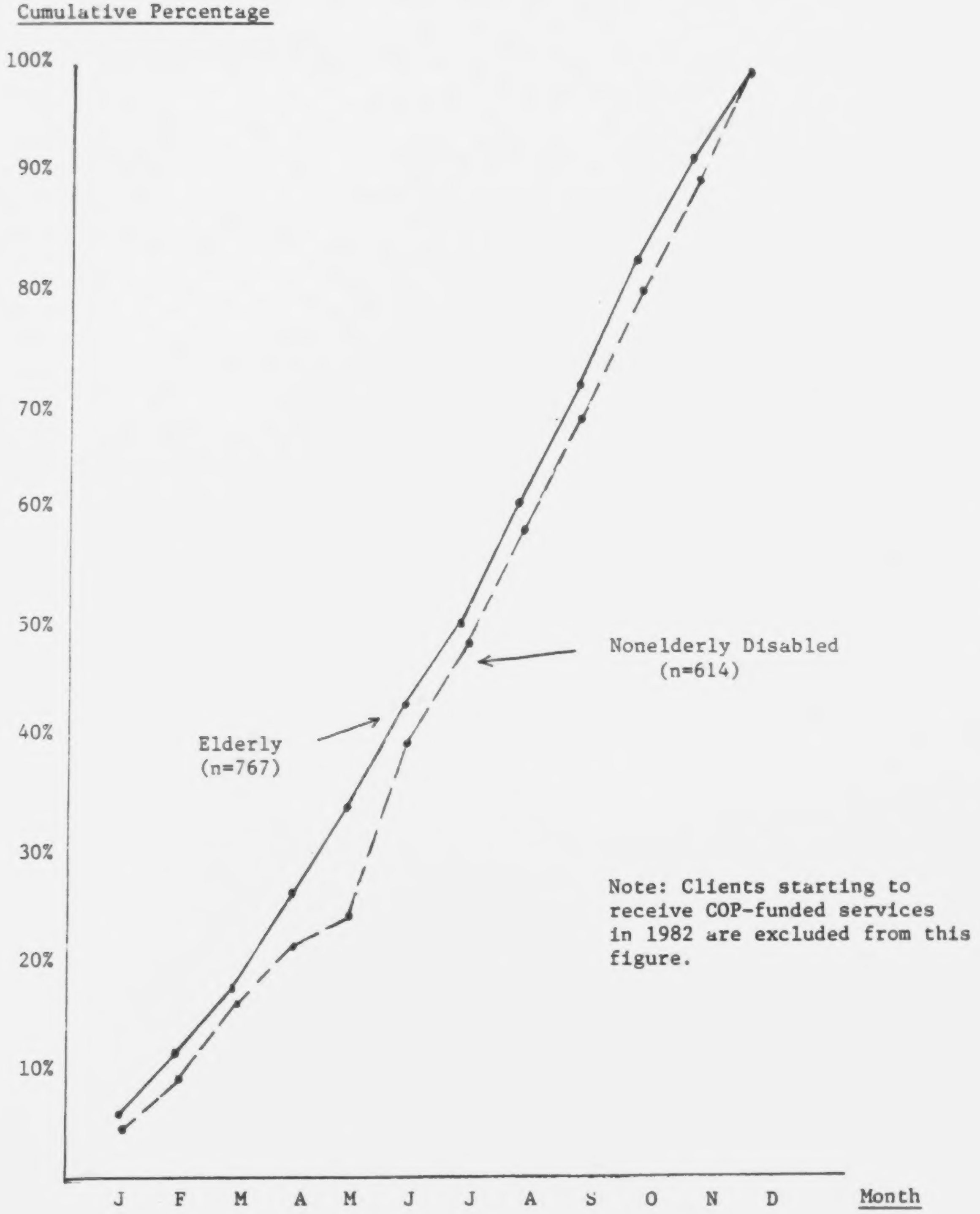


Figure 5. -- Cumulative Percentage of Elderly and Nonelderly Disabled Clients Who First Received COP-Funded Services in 1983 By Month COP Services Started



Note: Clients starting to receive COP-funded services in 1982 are excluded from this figure.

In August of 1983, the COP Guidelines were revised to require counties to develop strategies to ensure that the percent of persons receiving COP-funded services were as follows:

50-60%	frail elderly
18-22%	developmentally disabled (DD)
7-14%	chronically mentally ill (CMI)
1-3%	chemically dependent
7-14%	physically disabled.

For counting purposes, all persons over age 65 were to be counted as frail elderly regardless of other disabilities they had, and persons with multiple disabilities were to be counted in one category only.

These guidelines revisions were made in response to a statutory requirement that after implementing the program for 12 months or after January 1, 1984 COP counties provide noninstitutional community alternatives for a significant number of the persons in each of the disability groups. The percentages were issued to represent the incidence of Medicaid-funded residents in nursing homes and DD centers in each of the disability groups and were to be considered as "goals" rather than quotas. The guidelines were to be effective immediately, but because they weren't issued until August of 1983, they were most relevant to county COP planning decisions for 1984. In a telephone survey of the 28 COP coordinators operating programs in 1983, it was learned that most of the coordinators objected to the numerical goals established to monitor services to disabled persons.

Because persons residing in nursing homes or DD centers as Medicaid patients are not described according to these disability categories, it is not known what the true incidence of such disabilities is among nursing home/DD center Medicaid-funded residents. The percentages selected as goals for COP counties, however, might have over-represented the incidence of nonelderly disabled persons residing in Wisconsin nursing homes/DD centers as Medicaid-funded patients. The most relevant information available is the December 31st count of all residents in nursing homes and DD centers.[1] This count shows client age and the primary reason for residence.

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[1] Although the count of nursing home and DD center residents is the most relevant information available, it may not exactly reflect the proportions of disabled persons residing in nursing homes as Medicaid-funded patients. Because this data includes residents who are not Medicaid-funded it may slightly misrepresent the incidence of disabilities in the group of persons who are Medicaid-funded. For example, a study of nursing home residents in 1977 found Medicaid residents more likely to have mental disorders than other residents (26.5 percent vs. 8.9 percent respectively). However, since Medicaid-funded residents represented 75 percent of all residents in 1982, the inclusion of non-Medicaid residents probably has little effect on the overall pattern.

Findings

The tables below show the number of nonelderly disabled persons referred to COP and the number of nonelderly disabled persons residing in nursing homes and DD centers in 1982. In both tables, persons age 65 or older are shown as elderly even if they have one or more of the disabilities listed.[1] The tables show that, in comparison to the numbers of nonelderly disabled persons residing in nursing homes, more physically disabled persons were referred to COP in 1982 than would be expected (7.4 percent versus 0.7 percent), but fewer nonelderly developmentally disabled and chronically mentally ill persons were referred. In 1983, the number of physically disabled persons referred to COP was again greater than would be expected and the numbers of persons with the other disabilities who were referred were comparable to the numbers of nonelderly persons with these disabilities residing in nursing homes.

When both nursing homes and DD centers were considered, the numbers of physically disabled persons referred to COP in 1982 and 1983 were still greater than would be expected, but the numbers of nonelderly developmentally disabled persons referred to COP in 1982 and 1983 were less than would be expected.

In 1983, the numbers of chronically mentally ill and chemically dependent persons referred to COP were comparable to the numbers of persons with these disabilities residing in nursing homes and DD centers. (In 1982, fewer than expected numbers of nonelderly chronically mentally ill persons had been referred to the program.)

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[1] This approach was used because it was the approach used for COP reporting in 1983 and in the revised COP guidelines.

TABLE 7
Referrals to COP By Age/Disability

Age/Disability	1982 #	1982 %	1983 #	1983 %
1. Elderly (65 or older)	855	85.0%	4179	68.4%
2. Nonelderly:				
DD	39	3.9%	387	6.3%
CMI	5	0.5%	180	3.0%
Chem. Dept.	5	0.5%	104	1.7%
Phy. Dsb.	74	7.4%	1143	18.7%
Other	4	0.4%	117	1.9%
Multiple Categories[a]	23	2.3%	--	--
Total	1005	100%	6110	100%
(Missing)	(10)		(32)	

[a] This reporting category was not used in 1983.

TABLE 8
1982 Nursing Home and DD Center Residents By Age/Disability

Age/Disability	Nursing Homes #	Nursing Homes %	DD Centers #	DD Centers %	Total #	Total %
1. Elderly (65 or older)	41,796	86.2%	13	0.6%	41,809	82.6%
2. Nonelderly:						
DD	2,996	6.2%	2,086	98.6%	5,082	10.0%
CMI (Mental Illness[a])	1,796	3.7%	17	0.8%	1,813	3.6%
Chem. Dept. (Substance Abuse)	136	0.3%			136	0.3%
Phy. Dsb.	332	0.7%			332	0.7%
Other[b]	1,445	2.9%			1,445	2.8%
Total[c]	48,501	100%	2,116	100%	50,617	100%

[a] Includes psychotic and nonpsychotic conditions.

[b] Includes "other medical conditions" and "inability to live independently for other reasons".

[c] The total represents 99.7 percent of the 48,651 nursing home residents in 1982.

LIKELIHOOD OF BEING SERVED

In 1982, nonelderly disabled persons who were referred to COP were more likely to receive services than were elderly persons.[1] Forty-three percent of the nonelderly persons with disabilities who were referred to COP in 1982 received community services versus twenty-six percent of the elderly persons.

Even though several of the 28 COP coordinators surveyed said that less knowledge about, or less experience with disabled clients interfered with serving them, nonelderly disabled persons referred to COP in 1983 again were more likely to be served than elderly persons. Fifty percent of the nonelderly disabled persons referred received community services versus forty percent of the elderly persons.

These findings suggest that, when considered as a group, nonelderly disabled persons referred to COP were as likely to be served as elderly persons. In 1983, however, nonelderly persons with certain types of categorical disabilities did appear less likely to be served than elderly persons. Thus nonelderly chemically dependent and chronically mentally ill persons were less likely to be served than elderly persons. If only COP funds are considered, however, the percentages of nonelderly chronically mentally ill and chemically dependent persons referred who were served were comparable to the percentages of elderly clients served.

It should be noted that because the category "elderly" also included persons who were disabled, differential service rates among the groups presented are difficult to interpret. In 1982, approximately 20 percent of the elderly persons (those over age 65) had one or more of the disabilities listed. Thus the percent of 1983 elderly referrals to COP who were served also reflects the provision of services to some persons who were developmentally disabled, chronically mentally ill, physically disabled, or chemically dependent. Table 9 presents the comparative service rates for elderly and other persons referred to COP in 1982 and 1983.

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[1] The count of persons receiving services includes persons receiving COP-funded services as well as persons receiving services from other sources (i.e., private funds, Title III, social services under the social service block grant, etc.).

TABLE 9
Comparative Service Rates For Elderly and Nonelderly Disabled Persons Referred to COP

	1982					1983[b]				
	# Referred	Total Served		COP Served		# Referred	Total Served		COP Served	
		#	%	#	%		#	%	#	%
1. All Elderly	855	220	26%	139	16%	4179	1667	40%	869	20%
2. Nonelderly;										
DD	39	15	39%	13	33%	387	205	53%	159	41%
CMI	5	3	60%	--	--	180	58	32%	36	20%
Chem. Dept.	5	2	40%	2	40%	104	31	30%	24	23%
Phy. Dsb.	74	33	45%	27	36%	1143	629	55%	413	36%
(Subtotal)	(123)	(53)	(43%)	(42)	(34%)	(1814)	(923)	(50%)	(632)	(35%)
Other	4	3	75%	1	25%	117	37	32%	30	26%
Multiple[a]	23	13	57%	12	52%	--	--	--	--	--
Total	1005	289	29%	194	19%	6110	2627	43%	1531	25%
(Missing)	(10)	(4)		(4)		(32)	(5)		(18)	

[a] This reporting category was not used in 1983

[b] Source: COP005 Report issued June 12, 1984 pg. 163.

REASONS FOR NOT SERVING DISABLED PERSONS

COP counties reported the reasons why case plans were not developed and/or not implemented for persons who had been assessed. Three of the categories related to a lack of resources. Relevant categories were:

insufficient funds to develop community alternatives,
insufficient openings in programs, and
service or vendors do not exist.

An analysis of county reported reasons for not developing case plans for persons with various disabilities showed that these factors were cited often only for developmentally disabled persons. (See table 10.)

In comparison, an analysis of county-reported reasons for not implementing case plans showed these factors being frequently cited for chemically dependent and for chronically mentally ill persons as well as for developmentally disabled persons. (See table 11.)[1]

These findings suggest that a lack of resources interferred with county efforts to serve chemically dependent and chronically mentally ill persons more often than it interferred with their efforts to serve other clients. County reports also indicated a lack of sufficient funding to serve developmentally disabled clients.

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[1] It should be noted that because these three factors were also cited for some of the persons for whom multiple reasons were reported, the overall incidence of these reasons is not shown in tables 10 and 11.

TABLE 10
Reasons For Not Developing Case Plans In 1983

Reasons	Elderly	Chem. Dept.	DD	CMI	Phy. Dsb.	Other
(Number of Cases Reported)	(1015)	(33)	(141)	(66)	(200)	(24)
Insufficient funds	0.9%	3.0%	2.1%	6.1%	1.0%	4.2%
Insufficient program openings	0.2%	-	14.2%	1.5%	-	-
Lack of services or vendors	0.6%	-	18.4%	4.5%	1.5%	4.2%
Person/guardian prefers nsg. home	17.0%	18.2%	7.8%	21.2%	16.0%	8.3%
Family prefers nsg. home	11.9%	3.0%	0.7%	-	7.0%	12.5%
Person did not meet eligibility definition	8.2%	6.0%	3.5%	3.0%	10.5%	12.5%
Services arranged w/o agency help	13.6%	9.1%	2.8%	3.0%	12.0%	8.3%
Natural supports will provide care	9.4%	12.1%	7.8%	1.5%	11.0%	12.5%
Person died	3.9%	-	-	-	9.0%	4.2%
Other reasons	8.1%	30.3%	19.1%	31.8%	7.0%	8.3%
Multiple reasons	26.2%	18.2%	23.4%	27.3%	25.0%	25.0%
Total	100%	100%	100%	100%	100%	100%

Table values represent the percent of cases for which the reason was cited.

TABLE 11
Reasons for Not Implementing Case Plans in 1983

Reason	Elderly	Chem. Dept.	DD	CMI	Phy. Dsb.	Other
(Number of Cases Reported)	(258)	(8)	(21)	(16)	(69)	(6)
Insufficient funds	0.8%	-	14.2%	-	4.3%	-
Insufficient program openings	-	-	-	-	-	-
Lack of services or vendors	0.4%	25.0%	4.8%	25.0%	2.9%	-
Person/guardian prefers nsg. home	7.4%	-	14.2%	-	2.9%	-
Family prefers nsg. home	10.0%	12.5%	4.8%	6.2%	7.2%	-
Services arranged w/o agency help	9.7%	-	-	-	10.1%	33.3%
Natural supports will provide care	7.0%	-	-	-	4.3%	-
Person rejected case plan	3.5%	12.5%	-	18.8%	7.2%	-
Insufficient natural supports	1.1%	-	-	-		
Person died	11.6%	12.5%	4.8%	-	8.7%	-
Other reasons	23.6%	25.0%	23.8%	25.0%	29.0%	66.6%
Multiple reasons	24.8%	12.5%	33.3%	25.0%	23.2%	-
Total	100%	100%	100%	100%	100%	100%

Table values represent the percent of cases for which the reason was cited.

COUNTY POLICIES FOR SERVING DISABLED PERSONS

Only 2 of the 28 COP coordinators who were surveyed were aware of any special county policies regarding the provision of COP-funded services to disabled persons. In one of these counties, 10 percent of the COP service budget was reserved for each disability target group until the third quarter of the year when it could be used for any client. In the other county, eligible chronically mentally ill and developmentally disabled persons were served immediately rather than being placed on the waiting list for COP services.

Consistent with statutory requirements that COP funds be used to supplement other funds, nearly all of the coordinators said that all other sources of funds are explored and used before COP funds are used to serve disabled persons.

DAYS OF COP-FUNDED SERVICES PROVIDED TO DISABLED PERSONS

In 1982, nonelderly disabled persons received fewer days of COP-funded services, on average, than elderly persons, but, in 1983, they received approximately the same number of days of COP-funded services, on average. (See table 12.) In 1983, nonelderly developmentally disabled clients received more days of service, on average, than any other client group.

TABLE 12

Days of COP-Funded Services Provided by Age/Disability

	1982			1983		
Age/Disability	# Persons	Days Served	Average Days	# Persons	Days Served	Average Days
1. Elderly	131	13,032	99	871	134,760	155
2. Nonelderly						
Chem. Dept.	2	140	70	25	3,797	152
DD	12	929	77	159	26,288	165
CMI	---	---	---	35	4,201	120
Phy. Dsb.	26	2,115	81	416	63,690	153
Other	1	101	101	30	4,181	139
Mult. Dsb.	12	845	70	a	a	a
(Nonelderly Subtotal)	(53)	(4,130)	(78)	(665)	(102,157)	(154)
Total	184	17,162	93	1,536	236,917	154
(Missing)	(14)	(1,522)	(109)	(3)	(289)	(96)
Grand Total	198	18,684	94	1,539[b]	237,206	154

[a] This reporting category was not used in 1983.

[b] Ten COP-funded clients not included in the DCS information system are excluded from this table.

COSTS ASSOCIATED WITH SERVING DISABLED PERSONS

The amount of COP funds used to serve nonelderly disabled persons averaged \$12.24 per day versus \$10.20 a day for elderly persons in 1982 and \$11.28 a day versus \$9.84 a day for elderly persons in 1983. (See tables 13 and 14.) The higher expenditure of COP funds for nonelderly disabled persons in 1982 was not statistically significant. (That is, it may have occurred by chance.) In 1983, the difference was statistically significant, but the disability/age categories explained less than 5 percent of the overall variation in the daily expenditure of COP funds.[1] This suggests that the cost of serving an individual depends more on other factors than it does upon his/her age/disability.

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[1] To determine if the observed differences may have resulted from random effects, analysis of variance tests were done for both years. These tests were done on the basis of the daily expenditure of COP funds per person rather than the statewide averages shown in tables 13 and 14.

(To calculate the per person daily expenditure of COP funds, the amount of funds expended for each client was divided by the number of days he/she received COP-funded services. The daily expenditures for individual clients served as the basis for comparing the costs of serving clients in different age/disability groups. In comparison, the statewide average daily expenditures shown in tables 13 and 14 were computed by dividing the total amount of COP funds expended for all clients by the total number of days of service provided to all clients.)

In 1982 because there were none or very few nonelderly disabled persons in some of the disability groups, daily expenditures for all non-elderly disabled were compared to daily expenditures for elderly persons. The analysis did not show any statistically significant difference ($F = 2.197$, $p = 0.14$). In 1983, because there were at least 20 persons in each of the disability groups, it was possible to compare the averages of the six groups. The results showed that the average daily expenditure for persons in these different categories did differ more than would be expected by chance ($F = 2.24$ $p = 0.0475$), but that categorizing COP-funded service clients by these age/disability groups explained very little of the overall variance in daily expenditures per person. ($w^2 = 0.004$).

Tables 15 and 16 present the individual values tested.

TABLE 13
1982 Statewide Daily Expenditure of COP Funds By Age/Disability

	#		Days	Statewide	
Age/Disability	Persons	COP $	Served	$/Day	$/mo.
1. Elderly	131	$132,951	13,032	$10.20	$310.14
2. Nonelderly					
Chem. Dept.	2	1,555	140	11.10	337.66
DD	12	10,817	929	11.64	353.97
CMI	---	---	---	---	---
Phy. Dsb.	26	25,663	2,115	12.13	368.87
Other	1	1,531	101	15.16	460.82
Multiple Dsb.	12	10,995	845	13.01	395.56
(Nonelderly Subtotal)	(53)	(50,561)	(4,130)	(12.24)	(372.17)
TOTAL	184	183,512	17,162	10.69	325.06
(Missing)	(14)	(10,133)	(1,522)	(6.66)	(202.39)
GRAND TOTAL	198	$193,645	18,684	$10.36	$315.07

TABLE 14
1983 Statewide Expenditure of COP Funds By Age/Disability

	#		Days	Statewide	
Age/Disability	Persons	COP $	Served	$/Day	$/mo.
1. Elderly	871	$1,326,480	134,760	$9.84	$299.14
2. Nonelderly					
Chem. Dept.	25	26,829	3,797	7.07	214.93
DD	159	344,776	26,288	13.12	398.95
CMI	35	32,252	4,201	7.68	233.47
Phy. Dsb.	416	705,628	63,690	11.08	336.83
Other	30	42,726	4,181	10.22	310.69
(Nonelderly Subtotal)	(665)	($1,152,211)	(102,157)	($11.28)	($342.91)
TOTAL	1,536	2,478,691	236,917	10.46	317.98
(Missing)	(3)	(3,554)	(289)	(12.30)	(373.92)
GRAND TOTAL	1,539[a]	$2,482,245	237,206	$10.47	$318.29

[a] Ten COP-funded clients not included in the DCS information system are excluded from this table.

TABLE 15
1982 Average Daily Expenditure of COP Funds Per Person For Elderly Versus Nonelderly Disabled Clients

Category	# Cases	Average	Standard Deviation
1. Elderly	131	11.03	7.67
2. Nonelderly	53	12.84	7.04
TOTAL	184	11.55	7.50

F = 2.197 p = 0.14 df = 1,182

TABLE 16
1983 Average Daily Expenditure of COP Funds Per Person For Elderly Versus Nonelderly Disabled Clients

Category	# Cases	Average	Standard Deviation
1. Elderly	871	10.32	11.12
2. Nonelderly			
DD	159	13.42	13.38
CMI	35	9.57	9.82
Chem. Dept.	25	9.46	8.57
Phy. Dsb.	416	11.68	14.22
Other	30	10.66	7.84
TOTAL	1,536	10.99	

F = 2.24 p = 0.0476 df = 5, 1530

The 3 cases that could not be categorized by age/disability were excluded from this analysis.

IV. WERE COP CLIENTS AT RISK OF IMMINENT INSTITUTIONALIZATION?

CONCLUSIONS

The evaluation found that approximately 80 percent of the persons served by COP in 1983 were at risk of institutionalization. Three sources of information were used to determine if the persons who received COP-funded services were at risk of institutionalization. First, physician plan of care (PPOC) reports were obtained for COP-funded service clients in 1982 and for the sample of 201 COP-funded service clients in 1983. These reports were either retrieved from Division of Health district offices (for clients who were Medicaid-funded nursing home residents) or were completed at the county level and then submitted to Division of Health district office nurses for scoring. The reports, which are the basis for setting care levels for Medicaid patients, were obtained to find out if the persons who received COP-funded services were in need of the type of services offered by nursing homes and thus at risk of entering nursing homes if they could not obtain comparable services in a community setting. The reports were also analyzed to determine how many of the clients were at risk of institutionalization because they needed assistance with activities of daily living (bathing, dressing, etc.), because of extreme age, or because they lacked a spouse. These factors were selected for analysis because other studies had indicated they were associated with institutionalization.[1]

Second, 1983 counties were asked to report if nursing home care had been considered for sample clients and to identify persons who were considering nursing home care. The persons identified as considering nursing home care were subsequently called to determine if nursing home care had really been considered and to identify the factors that led them to consider nursing home care for COP clients. In 1982, COP clients or the guardians/relatives of 50 of the 198 COP-funded clients were interviewed regarding consideration of nursing home care.

Third, 1983 counties were asked to report the reasons why they decided that clients who received COP-funded services were at risk of entering nursing homes/DD centers. This information was obtained for the sample of 201 COP-funded clients in 1983.

Finally, an additional survey of COP coordinators was conducted to determine how counties decided if the clients referred to COP were eligible for a COP assessment or COP-funded services.

Overall Assessment of Risk

Because physician plan of care reports could not be obtained for 29 (14 percent) of the 1983 sample cases, the risk of entering a nursing home was assessed based on 172 of the sample clients. It was found that 83

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[1] See John L. McCoy and Beatrice E. Edwards, "Contextual and Sociodemographic Antecedents of Institutionalization Among Aged Welfare Recipients.", J.B. Lippincott Co., Medical Care, September 1981, Vol XIX, No. 9.

(48 percent) of these persons had entered or were at risk of entering a nursing home and that another 34 (20 percent) were probably at risk of entering a nursing home.

Clients were judged to be at risk of entering a nursing home if they or someone else had considered nursing home care and if the client needed professional nursing services. In addition to these clients, 20 other clients (12 percent) may have also been at risk of entering a nursing home because they needed professional nursing services and because counties reported that the friends, neighbors or relatives providing services to maintain them in community settings were not (or shortly would not be) able to provide this care. A total of 35 of the 172 sample clients evaluated (20 percent) were judged not to be at imminent risk of entering a nursing home. These clients had not, or probably had not, considered entering a nursing home; counties did not report that the friends, neighbors or relatives providing services to them would be unable to do so in the near future; and less than half of them needed professional nursing services. In comparison, in 1982 it was found that approximately 80 percent of the persons receiving COP-funded services needed professional nursing services.

Need for personal care, lack of a primary caregiver such as a spouse, and extreme age are factors which have been found to be related to nursing home admission. The evaluation found that over half of the 198 COP-funded clients in 1982 and the sample of COP-funded clients in 1983 needed assistance with daily activities such as bathing, dressing, walking, toileting, and transferring from bed. The evaluation also found that approximately 75 percent of the COP clients in 1982 and the sample of clients in 1983 were single, widowed, divorced or separated and that roughly 20 percent were over 84 years old.

Consideration of Nursing Home Care

Regarding the consideration of nursing home care the evaluation found that:

- When nursing home placement is being considered for a person he or she - and possibly even his/her relatives or friends - may not know that it is being considered.[1] In 47 percent of the cases the persons counties identified as considering nursing home care for 1983 sample clients were not the clients or their relatives or guardians and in 37 percent of the cases when nursing home care was being considered this was not discussed with the client. Nursing home admission reportedly also was not discussed with the client's family or friends in 23 percent of the cases.

- In most cases, consideration of nursing home care is precipitated by an event such as an illness of the client or an accident or fall injuring the client or (less often) by an illness or other condition which limits the ability of another person to continue caring for the client.

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[1] This, in turn, suggests that the survey of COP clients and the relatives/guardians of COP clients in 1982 may have underestimated the number of cases in which nursing home placement was being considered. That survey found that nursing home admission was not seriously being considered for 28 percent of the clients receiving COP-funded services. Survey respondents included 23 COP clients and 27 relatives/guardians of COP clients.

- In most cases, nursing home care was considered because the client needed more help than could be provided informally by relatives/friends or neighbors. Consistent with this, the survey found that the most frequent reason why it was decided that the persons who received COP-funded services would not enter a nursing home was the availability of assistance in the community.
- Opposition to nursing home placement is most likely to come from the client or, less often, from his/her children. These persons were also the persons most likely to make the final decision against nursing home care.
- Even when nursing home admission is strongly opposed, measures to facilitate nursing home admission may still be in progress. In 63 percent of the cases surveyed at least one person strongly opposed nursing home admission, but in 68 percent of the cases someone had spoken to a particular nursing home about admission, and in 45 percent of the cases a nursing home application had been completed.
- Once having considered nursing home placement - and decided against this - few of the persons surveyed (15 percent) reported that they still were considering nursing home care. Another 15 percent reported that further consideration of nursing home care depends on the client's condition. (Respondents were surveyed at least six months after COP services started.)
- Physicians generally favored nursing home care for the clients included in the survey. In 41 percent of the cases in which the physician's attitude toward nursing home placement was known, they reportedly favored nursing home placement and in another 41 percent of the cases had indicated that a nursing home "might be necessary or a good idea." This finding was consistent with the 1982 evaluation which, in a survey of persons who were assessed but preferred nursing homes to community services, found that physicians favored nursing home care in 84 percent of the cases.

County Reasons

County reasons for deciding that COP clients were at risk of entering nursing homes were consistent with the findings of the phone survey. Most often, counties felt the clients were at risk of entering nursing homes because the friends, neighbors or relatives providing services to them were not (or shortly would not be) able to do so in the future or because there had recently been a decline in the client's condition. The fact that a physician had indicated that the client needed the type of services offered in a nursing home was also frequently cited by counties as a reason for deciding that a client was at risk of entering a nursing home.

County Procedures

The evaluation found that counties relied heavily upon the state-developed "threshold definition" for COP to determine which of the clients referred to them were eligible for a COP assessment or COP-funded services and that few counties attempted to clarify the threshold definition by defining, or giving examples of, the terms used in the definition. Counties varied considerably in terms of when they determined if a client met the various elements of the threshold definition as well as in terms of who was responsible for deciding if a client met various elements of the definition. Most counties reported problems in determining when a client is "seeking or about to be admitted" to a nursing home.

CLIENTS' NEED FOR THE TYPE OF SERVICES OFFERED BY NURSING HOMES

Level of Nursing Care Needed

As table 17 illustrates, 86 percent of the 1983 sample clients for whom physician plan of care reports were obtained needed at least limited nursing care, and thus they would have been eligible for Medicaid reimbursement of nursing home care if they had applied for admission to a nursing home. This percentage was slightly higher than the percentage of 1982 COP-funded clients at these care levels.

TABLE 17
Level of Care Ratings for COP Service Clients

	1982 Clients			1983 Sample Clients		
Care Level	#	%	Cum %	#	%	Cum %
Skilled (SNF)	58	35%	35%	73	42%	42%
Intermediate (ICF-1)	55	33%	68%	55	32%	74%
Limited (ICF-2)	19	12%	80%	20	12%	86%
Personal (ICF-3)	27	16%	96%	22	13%	99%
Residential (ICF-4)	6	4%	100%	2	1%	100%
Subtotal	165	100%		172	100%	
(Missing)	(33)	(17%)		(29)	(14%)	
Total	198			201		

Need for Personal Care

Table 18 illustrates the number of 1982 clients and 1983 sample clients who needed assistance with activities such as dressing and eating. The sample of 1983 COP-funded clients and COP-funded clients in 1982 were very similar in regard to their need for assistance with these activities.

They also were similar in terms of the conditions that limited their functioning (see table 19) and in terms of the medical diagnoses reported for them (see table 20).

TABLE 18
Self-Care Status of COP-Funded Clients

Activity	Not Reported	Independent	Needs Assist.	Unable	Total	Percent Reported Needing Assistance or Unable
1982 COP-Funded Clients						
Transferring from Bed to Chair	31	74	79	14	198	56%
Walking	25	58	78	37	198	66%
Stairs	39	31	56	72	198	80%
Bathe Self	19	27	123	29	198	85%
Dress Self	21	54	98	25	198	69%
Feed Self	20	129	37	12	198	28%
Toileting	30	76	72	20	198	55%
1983 Sample Clients						
Transferring from Bed to Chair	50	67	71	13	201	56%
Walking	42	57	75	27	201	64%
Stairs	48	32	64	57	201	79%
Bathe Self	28	32	116	25	201	82%
Dress Self	35	50	91	25	201	70%
Feed Self	43	99	42	17	201	37%
Toileting	47	59	77	18	201	62%

TABLE 19
Conditions Limiting Activity of COP-Funded Clients

Condition	Not Reported	Yes	No	Total	Percent Reported with Impairment
1982 COP-Funded Clients					
Incontinence Bowel	15	32	151	198	17%
Incontinence Bladder	15	51	132	198	28%
Amputation	16	8	174	198	4%
Paralysis	14	32	152	198	17%
Contracture	17	9	172	198	5%
Decubitus	16	1	181	198	0.5%
Forgetful	16	51	131	198	28%
Noisy	15	7	176	198	4%
Confused	15	45	138	198	25%
Withdrawn	16	21	161	198	12%
Wanders	16	16	166	198	9%
Combative	15	13	170	198	7%
Language Barrier	15	4	179	198	2%
Nonverbal	18	9	171	198	5%
Blind	18	8	172	198	4%
Deaf	18	0	180	198	0%
Speech Impaired	14	39	145	198	21%
Hearing Impaired	17	35	146	198	19%
Vision Impaired	17	83	98	198	46%
1983 Sample Clients					
Incontinence Bowel	10	26	165	201	14%
Incontinence Bladder	10	40	151	201	21%
Amputation	10	7	184	201	4%
Paralysis	10	21	170	201	11%
Contracture	10	13	178	201	7%
Decubitus	19	4	178	201	2%
Forgetful	10	59	132	201	31%
Noisy	10	10	181	201	5%
Confused	10	52	139	201	27%
Withdrawn	10	19	172	201	10%
Wanders	10	17	174	201	9%
Combative	10	12	179	201	6%
Language Barrier	10	8	183	201	4%
Nonverbal	11	8	182	201	4%
Blind	13	6	182	201	3%
Deaf	13	1	187	201	0.5%
Speech Impaired	10	17	174	201	9%
Hearing Impaired	10	40	151	201	21%
Vision Impaired	10	60	131	201	31%

TABLE 20
Diagnoses Reported for COP-Funded Clients

		1982		1983	
ICD Code[a]	Category	Primary Dx.	All Dxs.	Primary Dx.	All Dxs.
001-139	Infectious and Parasitic Diseases	1	2	0	2
140-239	Neoplasms	13	38	18	29
250	Diabetes Mellitus	18	34	8	28
240-279	Other Endocrine, Nutritional Metabolic Diseases and Immunity Disorders	1	18	1	10
280-289	Diseases of Blood and Blood Forming Organs	0	6	0	6
290-319	Mental Disorders	12	52	25	62
320-389	Diseases of Nervous System and Sense Organs	24	52	28	83
(390-459)	(Diseases of the Circulatory System[b])	(54)	(182)	(47)	(150)
390-398	Rheumatic Fever/Heart Disease	1	2	0	0
401-405	Hypertensive Disease	5	32	11	39
410-414	Ischemic Heart Diseases	11	37	7	22
415-417	Diseases of Pulmonary Circulation	6	13	5	8
420-429	Other Forms of Heart Disease	15	51	14	46
430-438	Cerebrovascular Disease	13	28	10	23
440-448	Diseases of Arteries, Arterioles and Capellaries	2	13	0	4
451-459	Diseases of Veins, Lymphatics and Other Diseases of Circulatory System	1	6	0	8
460-519	Diseases of Respiratory System	3	16	3	20
520-579	Diseases of Digestive System	6	27	4	23
580-629	Diseases of Genitourinary System	1	16	3	13
680-709	Diseases of Skin and Subcutaneous Tissue	2	5	1	3
710-739	Diseases of Musculeouskeletal System Connective Tissue	12	46	14	56
740-759	Congenital Anomalies	2	6	1	8
760-779	Condits, Originating in Prenatal Period	0	1	0	1
780-799	Symptoms, Signs and Ill Defined Condits.	9	35	15	46
800-999	Other Injuries, Poisoning	19	36	14	37
	Total[c]	177	572	182	577

[a] Source: World Health Organization, International Classification of Diseases, Volume I, 1975 Revision.

[b] Diseases of the circulatory system include ICD Codes 390-459.

[c] Diagnoses were reported for 177 of the 198 COP-funded clients in 1982 and for 182 of the 201 sample COP-funded clients in 1983.

DEMOGRAPHIC CHARACTERISTICS RELATED TO RISK OF NURSING HOME ADMISSION

Overall, COP-funded clients tended to be younger than nursing home residents. In 1982, for example, over 70 percent of the nursing home residents in Wisconsin were 75 or older. In comparison, only 51 percent of 1982 COP-funded clients and only 46 percent of the 1983 COP-funded clients were 75 or older (see table 21). Slightly higher proportions of COP-funded clients were men than would be expected (based on the incidence of nursing home residents) and the great majority were single, widowed, divorced or separated (see table 22 and figure 6).

TABLE 21
Age of COP-Funded Clients Compared to Age of Nursing Home Residents in Wisconsin

	1982 COP Clients			1983 COP Clients			1982 Nursing Home Residents[a]		
Age	#	%	Cum %	#	%	Cum %	#	%	Cum %
1-24	11	6.0%	100%	131	8.7%	100%	398	0.8%	100%
25-54	28	15.2%	94.0%	262	17.3%	91.3%	3,466	7.1%	99.2%
55-64	14	7.6%	78.8%	153	10.1%	74.0%	2,841	5.9%	92.0%
65-74	37	20.1%	71.2%	277	18.3%	63.9%	7,265	15.0%	86.2%
75-84	54	29.3%	51.1%	410	27.0%	45.6%	16,177	33.4%	71.2%
85+	40	21.7%	21.7%	281	18.6%	18.6%	18,354	37.8%	37.8%
Total	184	100%		1,514	100%		48,501	100%	
(Missing)	(14)			(35)	(2.3%)		(150)		
Grand Total	198			1,549			48,651		

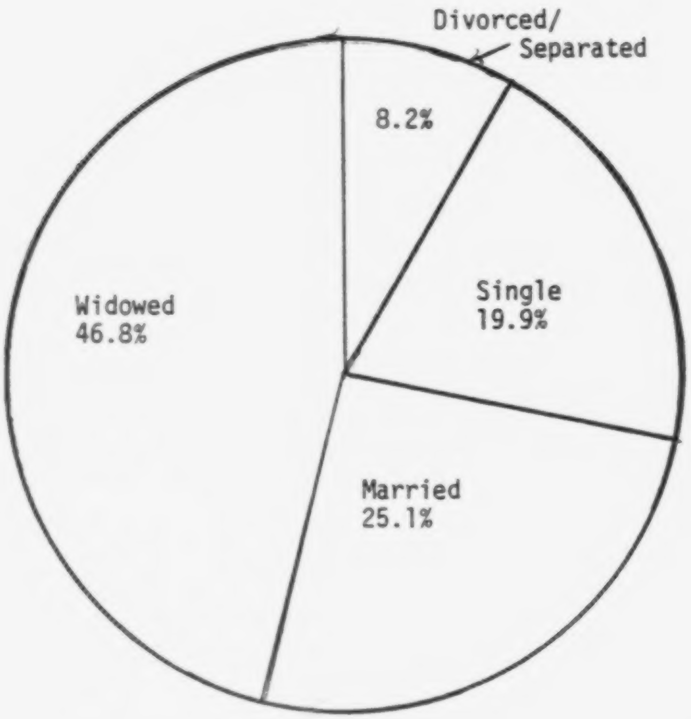
[a] Source: Nursing Home Utilization 1982, Wisconsin Department of Health and Social Services.

TABLE 22
Sex of COP-Funded Clients Compared to Sex
of Nursing Home Residents in Wisconsin

	1982 COP Clients		1983 COP Clients		1982 Nursing Home Residents[a]	
Sex	#	%	#	%	#	%
Male	71	38%	542	35%	15,749	32%
Female	114	62%	990	65%	32,752	68%
Total	185	100%	1,532	100%	48,501	100%
(Missing)	(13)	(7%)	(17)	(1%)	(150)	(0.3%)
Grand Total	198		1,549		48,651	

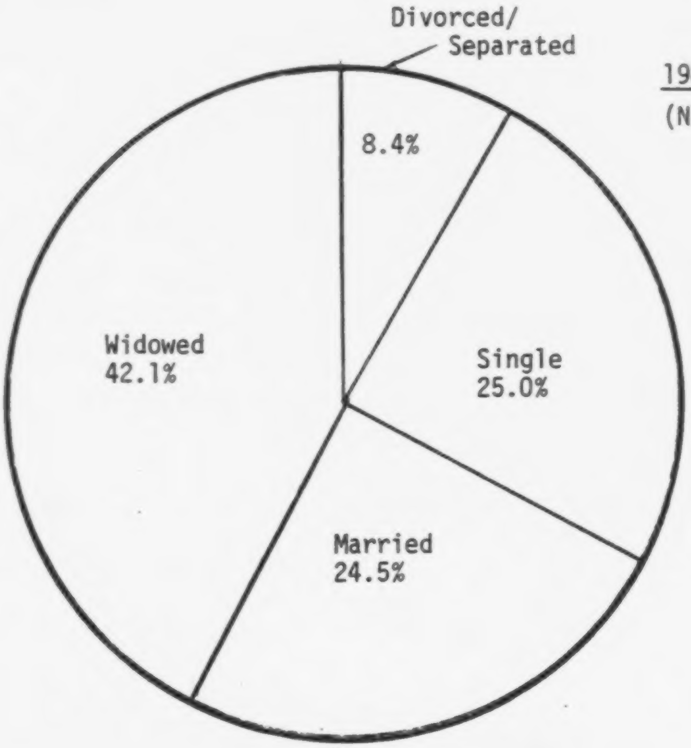
[a] Source: Annual Survey of Nursing Homes.

Figure 6 -- Marital Status of COP-Funded Clients



1982 Clients
(N=198)

Note: Percentages are based on reported cases. Marital status was not reported for 27 of the 1982 or for 119 of the 1983 clients.



1983 Clients
(N=1,549)

CONSIDERATION OF NURSING HOME CARE

Number of Clients for Whom Nursing Care Was Considered

Information on whether 1983 COP clients had considered entering nursing homes prior to being assessed by COP was obtained from two sources. First, counties were asked to indicate if anyone had considered nursing home care for the 201 sample clients. If they reported that someone had considered nursing home care for the client they were also asked to list the name and the phone number of the persons who had considered nursing home care. The person listed was then contacted. If the county reported that nursing home care had been considered but did not list a contact person, an attempt was made to contact the person listed as the client's responsible relative or guardian on the physician plan of care report obtained for the client. Also, if the person identified by the county as considering nursing home care for the client indicated that he or she had not considered nursing home care for the client, but could identify someone else who had done so, that person was contacted. No phone survey was attempted if:

1) the county reported that no one was considering nursing home care (13 cases),
2) no contact person could be identified (10 cases),
3) the county reported that the client was in a nursing home when assessed (20 cases),
4) it was determined that the client had died (15 cases), or
5) the contact person listed was a physician (20 cases)[1].

Of the remaining 123 cases, 50 interviews were attempted but not completed because:

1) the person listed as the contact person could not be reached by phone (24 cases),
2) the contact person did not remember the client (2 cases),
3) the contact person reported the person had entered a nursing home after the assessment (23 cases), or
4) the contact person refused to be interviewed (1 case).

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[1] Initial attempts to contact physicians were not successful due to the difficulty of reaching physicians and due to the physician's obligation to protect the confidentiality of client-specific information. For these reasons, additional calls to physicians were not made.

Of the remaining 73 cases, 8 interviews were only partially completed because:

1) the person contacted reported that no one was considering nursing home care for the client (7 cases), or

2) the person contacted reported that the client had actually been in a nursing home when he/she was assessed (1 case).

All of the remaining 65 persons who were interviewed confirmed that nursing home placement had been considered.

Overall, therefore, of the 201 clients in the sample it was determined that 54 percent either were considering nursing home placement or had entered a nursing home, but that no one was considering nursing home care for 10 percent of the clients.

It was not possible to confirm the consideration of nursing home care for the remaining 1983 sample clients; the only source of information was county reports. These reports suggested that 25 percent of the clients may have been considering nursing homes, but that 11 percent probably were not considering nursing home care (see tables 23 and 24).

In comparison, a telephone survey in 1982 suggested that nursing home care was definitely not being considered for 28 percent of the COP-funded clients and probably was not being considered for another 10 percent of the clients.[1]

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[1] Forty-six percent of the 50 persons surveyed in 1982 were clients; the rest were guardians/relatives. A full description of the survey appears in The Community Options Program, An Evaluation of Early Implementation Experience, Wisconsin Department of Health and Social Services, January 1983.

TABLE 23
Consideration of Nursing Home Admission for Sample 1983 COP-Funded Clients

Percent	#	Consideration of Nursing Home
22%	44	1. Client in or entered nursing home.
32%	65	2. Consideration confirmed by interview.
25%	50	3. May have been considering (could not interview, but county reported client or family or guardian considering).
11%	22	4. Unlikely that nursing home being considered (county did not report or reported that they didn't know if anyone considering and no interview could be done).
10%	20	5. Not considering-confirmed by interview.
100%	201	Total

TABLE 24
Consideration of Nursing Home Admission: Comparison of County Reports and Interview Findings

	County Response				
Interview Findings	(Missing)	Yes	No	Don't Know	Total
1. Interview Completed - Client Considering	0	60	0	5	65
2. In Nursing Home When Assessed	20[a]	1	0	0	21
3. In Nursing Home After Assessment	1	18	0	4	23
4. Not Considering Nursing Home	0	3	13	4	20
5. Died	0	13[b]	0	2[c]	15
6-7. No Contact or Guardian Identified	1[c]	1[b]	0	8[c]	10
8. Couldn't Contact Person Identified	2[c]	13[b]	0	9[c]	24
9. Physician was Contact	0	20[b]	0	0	20
10. Contact Didn't Remember Client	0	2[b]	0	0	2
11. Interview Refused	0	1[b]	0	0	1
Total	24	132	13	32	201

[a] Counties were instructed to skip this question if the client was in a nursing home when assessed.
[b] Cases classified as may have been considering (N=50).
[c] Cases classified as unlikely that nursing home being considered (N=22).

Consideration of Nursing Home Care Compared to Nursing Care Level

As table 25 illustrates, there wasn't a direct relationship between need for professional nursing care and consideration of nursing home admission. Some of the 1983 sample clients considering nursing home care (or for whom someone was considering nursing home care) did not need skilled (SNF) or intermediate (ICF-1) or limited (ICF-2) nursing care. It was also found that some of the 1983 sample clients who were not considering nursing home admission (or for whom nursing home admission was not being considered) were in need of professional nursing care.

This pattern was similar to that found in 1982 (see table 26). This suggests that all the COP clients considering entering nursing homes were not eligible for Medicaid-funded nursing home care and thus were not at risk of entering nursing homes. (Clients not needing SNF through ICF-2 care would not qualify for Medicare or Medicaid-funded nursing home care; because they had limited financial resources, it is unlikely that they would be able to afford to purchase residential or personal care in nursing home settings.)

TABLE 25
Consideration of Nursing Home Admission Compared to
Nursing Care Level of Sample 1983 COP-Funded Clients

Consideration of Nursing Home	Nursing Care Level SNF-ICF 2	ICF 3-4	Total #	%	(Missing)
1. In or entered nursing home.	31	3	34	19.8%	10
2. Consideration confirmed by interview.	49	11	60	34.9%	5
3. May have been considering.	34	4	38	22.1%	12
4. Unlikely nursing home being considered.	17	3	20	11.6%	2
5. Not considering confirmed by interview.	17	3	20	11.6%	0
Total	148	24	172	100%	29

TABLE 26
Consideration of Nursing Home Admission Compared to Nursing Care Level of 1982 COP-Funded Clients Included in Telephone Survey of Client Satisfaction

Considering Nursing Home Admission?	Nursing Care Level SNF-ICF-2	Less Than ICF-2	Total[a]	Missing
Yes	19	5	24	3
Probably Not[b]	2	1	3	2
Definitely Not	5	4	9	1
Total	26	10	36	6

[a] Eight of the 50 clients originally surveyed are excluded from this table because they were determined not to be COP-funded cases after the close of 1982.

[b] In 2 of these cases, the doctor reportedly considered a nursing home, but the client/family/guardian did not. In one of the cases, the client's wife considered it, but he did not.

The Process of Considering Nursing Home Care

The telephone survey to persons identified as considering nursing home care for the sample of 1983 COP-funded clients also provided considerable information about the overall process of considering nursing home care. Following is a summary of the information obtained concerning the parties involved in considering/opposing nursing home care, the reasons why they considered/opposed nursing home care, and the actions they took when considering nursing home care.

Parties Involved in Considering Nursing Home Care

The counties identified the person considering nursing home care for 131 of the sample COP clients (although interviews were obtained in only 65 of these cases, for the reasons discussed). Based on these 131 cases, the client or a relative considered nursing home care 53 percent of the time; in particular, 34 percent of the time a child of the client considered nursing home care. Persons who were not relatives of the client considered nursing home care in about 47 percent of the cases. Nonrelatives who considered nursing home care included social workers (18%), physicians (15%), and visiting or public health nurses (8%). (See table 27.)

TABLE 27
Persons Counties Reported Were Considering Nursing Home Care For 1983 Sample Clients

Person	Number	Percent
Client's Child	44	34%
Client	3	2%
Other relatives	22	17%
Social Workers	24	18%
Physician	20	15%
Visiting or Public Health Nurses	10	8%
Other	8	6%
Total	131	100%

Thus, while nursing home care was considered by the relatives - mainly adult children - of many COP clients, county reports suggest that the possibility of nursing home care originates almost as often with someone who is neither a relative nor a legal guardian for the client. If not a relative, the person considering nursing home care for the client is likely to be either a physician or someone providing nursing or social services to the client.

As noted, the telephone interviews were conducted with the person the county identified as considering nursing home care for the client.[1] Thirty-nine of the 65 interviews (60 percent) were conducted with a client or relative of the client; 20 of these interviews were conducted with an adult child of the client. Twenty-six respondents (40 percent) were not relatives of the client; the largest number of these were social workers (N=15).

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[1] In only 2 cases was the respondent someone other than the person named by the county as the one considering nursing home care for the client. In both cases, the person identified by the county provided the interviewer with the name of someone more involved in the client's case and having more information.

TABLE 28
Persons Surveyed

Person	Number	Percent
Client	2	3%
Adult Child	20	31%
Other Relative	17	26%
Social Worker	15	23%
Visiting or Public Health Nurses	7	11%
Other	4	6%
Total	65	100.0%

In 35 cases, the person interviewed was also identified by the county as the client's responsible relative or guardian, while in 24 cases the respondent was not the responsible guardian (the county did not identify the responsible relative or guardian in 6 of the 65 cases).

When Nursing Home Care Was First Considered

While many COP clients first considered nursing home care fairly recently, a large number had first considered it one, two, or more than two years prior to the interview. About 60 percent of the 65 respondents indicated that nursing home care was first seriously considered at some time during the past year. (Eight percent said this happened in the last six months, while 52 percent said nursing home care was first considered six months to a year ago.) A substantial proportion, however - 40 percent - said that nursing home care was first considered a year or more before the interview. This includes 28 percent who said nursing home care was first considered two or more years ago.

Further Consideration of Nursing Home Care

About 59 percent of those interviewed said that nursing home care was no longer being considered for the client. It is possible that nursing home care was no longer being considered because the client's condition improved. Although only two persons said an improvement in the client's condition was what kept the client from entering a nursing home, such an improvement could have occurred since the time of the COP assessment. Nevertheless, this result may also indicate that COP services are meeting the needs of over half of those who previously considered nursing home care.

Approximately 15 percent of the respondents said that further consideration of nursing home care depends on the client's condition. Comments by most of these respondents suggested that, in these cases, the client's condition was not stable, and that nursing home care would be considered if the client's condition worsened, making it difficult to care for him or her at home. Another 15 percent revealed that nursing home care is still being considered for the client, while 11 percent said they did not know if this is still being considered.

Reasons Why Nursing Home Care Was Considered

Of those interviewed, 86 percent said that nursing home care was first considered following a particularly memorable event or incident (eight persons named more than one such event). The events identified by respondents as causing consideration of nursing home care are presented in table 29, and can be broadly grouped as events involving the client, which were named most frequently, and events involving the client's care provider(s).

TABLE 29
Events Causing Nursing Home Care to be Considered

Events Involving the Client	Number	Percent
Illness	28	50.0%
Accident or Fall	13	23.2%
Decline in Client's Condition	5	8.9%
Other	2	3.6%
Events Involving the Care Provider(s)	**Number**	**Percent**
Illness	5	8.9%
Mentally/Physically Unable to Provide Further Care	5	8.9%
Death	4	7.1%
Other	2	3.6%

Note: Percentages are based on the 56 respondents who said that a particular event led them to consider nursing home care.

Most often when a particular event or incident led to consideration of nursing home care, the events identified involved the client. These were most often an illness of the client, or an accident or fall. Less frequently mentioned were events involving the clients' care provider(s). These included an illness limiting his or her ability to provide care, feeling mentally or physically unable to continue providing care, and the care provider's death.

Most of the 9 respondents who could not identify a specific occurrence causing them to consider a nursing home indicated that the client had a chronic or long-term condition which made nursing home placement a recurring possibility.

When asked why it had seemed that nursing home care might be needed for the client, approximately 74 percent of those interviewed stated that a nursing home was considered because the client needed more help than could be provided informally by relatives, friends, and neighbors. Twenty-nine percent said that the care providers were physically or mentally no longer able to provide help; 23 percent said that there were no natural supports available or willing to provide help; and 17 percent said the client needed the help of trained or professional personnel. Other reasons for considering nursing home care were much less frequently mentioned, as table 30 shows.

TABLE 30
Reasons For Considering Nursing Home Care

Reason	Number	Percent
Client needed more help than could be provided informally	48	73.8%
Caregivers no longer able to provide help	19	29.2%
No natural supports available or willing to help	15	23.1%
Trained or professional help needed	11	16.9%
Client's physician favored nursing home placement	3	4.6%
Client needed medications administered or monitored	2	3.1%
Considered in case something happened to caregivers	1	1.5%
Alternative living arrangements had been tried unsuccessfully	1	1.5%
Client needed a special environment and diet	1	1.5%
Client expressed preference for nursing home care	1	1.5%

Actions Taken When Considering a Nursing Home

The phone survey further assessed the imminence of nursing home placement by asking persons who considered nursing home care what they actually did while exploring this alternative.

Fifty-eight percent of those interviewed recalled thinking that a nursing home "might be a good idea" for the client. However, comments by some of the respondents suggested that they interpreted this as meaning that a nursing home was "necessary," while others seemed to understand the question as asking whether they approved of nursing home care for the client. Several individuals specified that while they had believed a nursing home might be necessary until they learned of COP, they had not considered it a "good idea" in the sense that they liked or approved of the idea.

Respondents revealed that they had explored the possibility of nursing home care with various parties. Seventy-eight percent said they discussed it with a state or county agency, 77 percent discussed it with the client's relatives and friends, and 63 percent discussed nursing home care with the client. Also, 3 persons added that they talked to the client's physician about nursing home care.[1]

While more than 75 percent of the respondents discussed nursing home care with the client's relatives and friends, only 40 percent said they got agreement from these relatives and friends that a nursing home was needed. This suggests that even when nursing home care is considered and discussed by the client's family, one reason it may not be pursued is due to lack of agreement among those involved that the client needs nursing home care.

In many cases, those involved pursued the possibility of nursing home care beyond simply discussing it among themselves. Approximately 68 percent of the respondents said they or someone else had spoken to a particular nursing home about admissions, 45 percent had completed an application to admit the client to a nursing home, and about 29 percent said the client had stayed in a nursing home for a period of time (these nursing home placements were temporary, because all clients for whom interviews were done were not in a nursing home at the time of the interview).

Opposition to Nursing Home Care

Strong opposition to nursing home placement would make alternatives, such as COP services, more attractive to those needing help and to their families. Therefore, the phone survey attempted to determine the amount of opposition to placing COP clients in a nursing home. About 63 percent of the persons interviewed stated that one or more persons had strongly opposed nursing home placement.

Approximately one-half of the respondents who said that nursing home care was opposed identified only one person who opposed nursing home care, although one respondent identified as many as 11 persons opposing placement.[2] On average, 2.2 persons opposed placement. Conclusions about the number of persons opposing nursing home care should be tentative, however, because when asked how many persons opposed nursing home placement, many respondents found it difficult to specify this, and initially made general statements such as "the family" opposed it. Also, respondents tended to name first either themselves or the client as opposing placement.

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[1] Because respondents were not directly asked whether they discussed nursing home care with the client's physician, this figure probably under-estimates the number who did so.

[2] Although only 41 of the respondents surveyed said nursing home care was opposed, the survey dealt only with persons receiving COP-funded services. Thus, in all cases, a decision not to enter a nursing home had already been made before the survey took place.

Opposition to nursing home placement most frequently came from the clients themselves, as table 31 shows. In about 56 percent of the cases in which someone opposed nursing home care, the client was one of the persons expressing opposition. This may actually understate the extent of clients' true feelings, because slightly over one-third of all respondents had indicated that nursing home care was not discussed with the client for various reasons. If all clients had been aware that nursing home placement was being considered, the percentage expressing opposition might have been somewhat higher. Other family members, as well as some persons not related to the client, opposed placement to lesser degrees.

TABLE 31
Persons Opposing Nursing Home Placement

Person Opposed	Number	Percent
Client	23	56.1%
Child(ren)	15	36.6%
Spouse	6	14.6%
Parent(s)	4	9.8%
Social Services	4	9.8%
Other Relatives	3	7.3%
Foster Parent(s)	3	7.3%
Visiting Nurse	2	4.9%

Note: Percentages are based on the 41 cases in which it was indicated that nursing home placement was opposed.

Attitude of the Client's Physician. -- When simply asked who had opposed placing the client in a nursing home, none of the persons interviewed mentioned the client's physician. But when directly asked about the doctor's attitude toward nursing home placement, 6 persons (9 percent) revealed that the client's doctor had opposed placement. On the other hand, about 37 percent said that the client's doctor favored nursing home placement, while another 37 percent said the doctor had suggested that a nursing home "might be necessary or a good idea."

In addition, 2 respondents (3 percent) said the doctor's attitude depended on whether sufficient or adequate care could be provided in the community, 2 said the doctor felt the decision was up to the family, and 1 client had no regular doctor at the time a nursing home was considered. (Six respondents did not know the doctor's attitude toward placing the client in a nursing home.)

Who Made the Decision Against Nursing Home Care. -- In most cases, the decision not to have the client enter a nursing home was made by the client or members of the immediate family. This can be seen in table 32, which shows who participated in the decision against nursing home care for COP clients. Clients and their children were most often involved in deciding against nursing home care, followed by the client's parents or spouse. In a small percentage of cases, other persons were involved in this decision.

In only 20 percent of the cases, however, did the respondents report that the client made the decision not to enter a nursing home without being influenced by others. In about 17 percent of the cases, the client was joined by others in making this decision, while in a large number of cases (63 percent) respondents reported that one or more persons other than the client decided against nursing home care.

TABLE 32
Persons Who Decided Against Nursing Home Care

Decision Maker	Number	Percent
Client	24	36.9%
Client's Child(ren)	24	36.9%
Parents	8	12.3%
Spouse	7	10.8%
Social Services	5	7.7%
Foster Parents	3	4.6%
Legal Guardian	2	3.1%
Doctor	2	3.1%
Other Relative	1	1.5%
DD Board	1	1.5%

Eleven respondents gave more than one response when asked who made the decision about nursing home care. However, it is impossible to say how many people, on average, were involved in making this decision. Although respondents were asked if the client's children were involved in making this decision, they were not asked to specify how many children this included, and were not asked to specify how many people, overall, helped make the decision about nursing home care.

Reasons for Not Entering a Nursing Home. -- A variety of factors kept COP clients from entering a nursing home, as table 33 shows. The availability of community services and opposition to nursing home placement were the most frequently mentioned reasons why clients did not enter nursing homes.

TABLE 33

Reasons For Not Entering a Nursing Home

Reason	Number	Percent
Availability of Community Assistance	43	66.1%
Opposition from Client, Family, Friends	34	52.3%
Client Didn't Need Nursing Home Care	6	9.2%
Client was too Young for Nursing Home	3	4.6%
Client's Condition Improved	2	3.1%
Unable to Meet Nursing Home Costs	2	3.1%
Not Satisfied with the Homes Considered	1	1.5%
No Openings in the Homes Considered	1	1.5%

Note: Respondents were free to name more than one reason why the client did not enter a nursing home.

Respondents' perceptions of the two most important reasons COP clients did not enter nursing homes varied, depending on whether the respondent was the relative of a COP client, or someone not related to a client (a social worker, R.N., etc.). This can be seen in table 34, which shows the percentages of respondents naming availability of community assistance and opposition to nursing home care as reasons COP clients did not enter nursing homes. Relatives, more often than other respondents, reported that opposition from the client and his or her family kept the client out of a nursing home, while respondents who were not relatives more often stated that the availability of community assistance kept the client out of a nursing home.

TABLE 34
Relatives' Versus Nonrelatives' Reasons
COP Clients Did Not Enter Nursing Homes

	Percentage of Respondents	
Reason	Relatives of COP Clients	Persons not Related to COP Clients
Availability of Community Assistance	48.7%	92.3%
Opposition from Client, Family,Friends	41.8%	23.1%

COUNTY REASONS FOR THINKING COP-FUNDED CLIENTS WERE SEEKING OR ABOUT TO BE ADMITTED TO NURSING HOMES

County staff judgement that clients' natural supports were (or shortly would be) unable to provide the services needed to maintain the client in the community was the most frequently reported reason why they decided that the 1983 sample clients were seeking or about to be admitted to nursing homes. The next most frequently reported reason was a decline in the client's condition. In most cases, counties listed more than one reason for deciding that a client was seeking or about to be admitted to a nursing home. The average number of reasons cited was 2.9 per client. Table 35 illustrates the reasons why counties decided that clients were at risk of entering nursing homes.

TABLE 35
County Reasons for Judging Clients to be at Risk

Reason	(N=181) #	(N=181) %
1. Client/family/guardian had applied for nursing home/DD center admission for client	19	10%
2. No application to nursing home/DD center was made but client/family/guardian indicated that nursing home/DD center placement was being considered	76	42%
3. Hospital discharge plan prepared for client recommended nursing home/DD center	30	17%
4. Client's physician indicated the client needed the type of care provided by a nursing home/DD center	78	43%
5. Client's family, friends, neighbors were (or shortly would be) unable to provide services to maintain client in community	111	61%
6. Public/private agencies were (or shortly would be) unable to provide services needed to maintain client in community	43	24%
7. Recent history of frequent and/or extended hospitalizations	52	29%
8. Client had exhausted his/her financial resources for obtaining social/medical services in a community setting	31	17%
9. Decline in client's condition	98	54%
10. History of unsuccessful attempts to maintain client in community settings	16	9%
11. Other factors[a]	30	17%

[a] Table values include 1 client that was later determined to be in a nursing home when he/she was assessed.

Relationship Between County Reasons and Clients' Need for Professional Nursing/Consideration of Nursing Home Admission

Even if clients did not need professional nursing services or had not considered entering nursing homes, county staff sometimes felt they were at risk of entering nursing homes because they could not obtain the services they needed to remain in the community from natural supports, or because there had recently been a decline in their condition. (See table 36.) The importance which counties placed on the ability of natural supports to provide needed services and on recent changes in a client's condition were consistent with the reasons for considering nursing home care reported by the persons who were considering nursing home care for COP clients.

TABLE 36

County Reasons for Deciding Clients Were At Risk of Entering Nursing Homes By Likelihood Nursing Home Admission Was Considered and Client Care Level

Reason	SNF - ICF2	ICF3 - ICF4	Missing	Total
Clients Who Were In or Entered Nursing Homes				
	(N = 31)	(N = 3)	(N = 10)	(N = 44)
Applied	5	0	0	5
Considered Applying	6	2	4	12
Hosp. Discharge Plan	7	0	1	8
Physician Indicated	10	2	2	14
Natural Supports Unable	14	1	3	18
Agencies Unable	5	0	2	7
Hospitalizations	7	0	1	8
Financial	4	0	2	6
Condition Decline	12	0	1	13
Unsuccessful History	4	0	0	4
Other	3	0	0	3
Clients Considering Entering Nursing Homes				
	(N = 49)	(N = 11)	(N = 5)	(N = 65)
Applied	7	1	0	8
Considered Applying	23	9	4	36
Hosp. Discharge Plan	7	2	1	10
Physician Indicated	15	6	1	22
Natural Supports Unable	31	6	4	41
Agencies Unable	16	2	3	21
Hospitalizations	12	0	1	13
Financial	8	2	2	12
Condition Decline	28	6	2	36
Unsuccessful History	5	1	0	6
Other	11	2	1	14
Clients Who May Have Been Considering Entering Nursing Homes[a]				
	(N = 34)	(N = 4)	(N = 12)	(N = 50)
Applied	3	0	2	5
Considered Applying	12	1	5	18
Hosp. Discharge Plan	5	0	5	10
Physician Indicated	20	4	9	33
Natural Supports Unable	19	1	7	27
Agencies Unable	8	0	1	9
Hospitalizations	15	0	3	18
Financial	6	0	1	7
Condition Decline	22	1	8	31
Unsuccessful History	4	0	1	5
Other	3	0	1	4

Table 36 Continued

Reason	SNF - ICF2	ICF3 - ICF4	Missing	Total
Clients For Whom Nursing Home Admission Was Probably Not Being Considered[b]				
	(N = 17)	(N = 3)	(N = 2)	(N = 22)
Applied	1	0	0	1
Considered Applying	4[d]	0	0	4
Hosp. Discharge Plan	1	0	0	1
Physician Indicated	5	0	0	5
Natural Supports Unable	8	1	2	11
Agencies Unable	2	1	0	3
Hospitalizations	3	0	0	3
Financial	4	1	0	5
Condition Decline	6	0	0	6
Unsuccessful History	1	0	0	1
Other	6	0	0	6
Clients For Whom Nursing Home Care Was Not Being Considered[c]				
	(N = 17)	(N = 3)	(NONE)	(N = 20)
Applied	0	0	---	0
Considered Applying	4[d]	2[d]	---	6
Hosp. Discharge Plan	1	0	---	1
Physician Indicated	4	0	---	4
Natural Supports Unable	12	2	---	14
Agencies Unable	3	0	---	3
Hospitalizations	9	1	---	10
Financial	1	0	---	1
Condition Decline	10	2	---	12
Unsuccessful History	0	0	---	0
Other	2	1	---	3

[a] In these cases, the person reportedly considering nursing home care could not be interviewed, but the county reported that the client or guardian was considering nursing home care.

[b] In these cases, the county did not report, or reported that they did not know if anyone was considering nursing home care. No interviews were conducted for these cases.

[c] The fact that nursing home care was not being considered was confirmed by an interview.

[d] Counties reported inconsistent information for these clients. On page 1 of the Supplemental Data/Targeting Form counties reported nursing home placement was being considered, but on page 2 of the Supplemental Data/Targeting Form they reported they didn't know or failed to answer the question of whether anyone had considered nursing home care for these clients.

Table 37 ranks the reasons counties felt COP clients were at risk of entering nursing homes. Reasons reported are ranked based on the number of times each reason was mentioned for clients in the five groups reflecting the likelihood that nursing home care was considered. It shows that inability of natural supports to care for the person was the most frequently cited reason for all clients except those who may have been considering nursing home care. For these clients, the fact that a physician indicated that the client needed the type of care provided by nursing homes was the most frequently cited reason. A decline in the client's condition was the next most frequently cited reason for clients in four of the groups and the third most frequently cited reason for clients in the other group. The fact that a physician indicated the client needed the type of services offered by nursing homes was highly ranked for all clients except those who probably were not, or were not, considering nursing home care. Whether nursing home admission had been considered was ranked fourth for all groups except for clients who were considering nursing homes. For these clients, it was ranked second.

TABLE 37
Ranking of County Reasons for Deciding
Clients Were at Risk of Entering Nursing Homes

		Consideration of Nursing Home For Client				
Reason	In or Entered (N = 44)	Considering (N = 65)	May Have Been Considered (N = 50)	Probably Not Considering (N = 22)	Not Considering (N = 20)	Total (N=201)
Applied	8	9	8	--	--	10
Considered Applying	4	2	4	4[a]	4[a]	4
Hosp. Discharge Plan	5	8	5	6	7	8
Physician Indicated	2	3	1	3	5	3
Natural Supports Unable	1	1	3	1	1	1
Agencies Unable	6	4	6	5	6	6
Hospitalizations	5	6	4	5	3	5
Financial	7	7	7	3	7	7
Condition Decline	3	2	2	2	2	2
Unsuccessful History	9	10	9	6	--	9
Other	10	5	9	3	6	8

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[a] Counties reported inconsistent information for these clients. On page 1 of the Supplemental Data/Targeting Form, counties reported nursing home placement was being considered, but on page 2 of the Supplemental Data/Targeting Form they reported they didn't know or failed to answer the question of whether anyone had considered nursing home care for these clients.

COP COUNTY PROCEDURES FOR DETERMINING IF CLIENTS WERE AT RISK OF ENTERING NURSING HOMES

In the Spring of 1984 the coordinators of the 28 COP programs in 1983 were called and interviewed to find out how they determined whether the persons referred to their COP programs were at risk of entering nursing homes.[1] The telephone survey found that in addition to attempting to determine if clients referred for COP assessments were seeking or about to be admitted to nursing homes, most counties also attempted to determine if the clients referred to them met the other criteria contained in the state-developed COP "threshold definition." According to the threshold definition, persons are eligible for COP if they:

- o have a long-term or irreversible illness or disability; and
- o are seeking, are about to be admitted, or are referred for admission to a nursing home (including long-term care in the state centers for the developmentally disabled), or are current residents of such facilities; and
- o require ongoing assistance to attain or maintain stability and functioning; and
- o require at least periodic medical, restorative, or rehabilitative care; and
- o are included in the county plan of gradual implementation.

The survey found that most referral agencies also relied heavily on the state-developed threshold definition to determine which clients to refer for a COP assessment, but in more than one-third of the counties it was reported that different referral agencies used different criteria to decide which clients should be referred for a COP assessment and referral of ineligible clients was reported to be a problem in 16 counties. In most cases, counties attempted to use the threshold definition as stated. That is, they did not develop any further definition of the elements of the definition. Only 3 counties developed written definitions for "seeking", and only 3 for determining if a client has a long-term or irreversible illness or disability.

Eleven of the 28 counties reported changes to the criteria for eligibility since they started the program and most counties reported problems in determining when a client is "seeking or about to enter" a nursing home. They noted that few categorically disabled clients met this criterion and, therefore, in some counties categorically disabled were considered eligible for COP even if they were not seeking or about to be admitted to a nursing home.

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[1] A full discussion of the survey is contained in, Wisconsin Department of Health and Social Services, Community Options Targeting Report, June 1984.

Despite these problems, only 15 of the coordinators had views concerning the focus of COP targeting. Of these, 6 thought it should be more tightly targeted, 6 though it should be more broadly focused, and 3 thought current policy was appropriate.

Although all of the counties relied on the state developed threshold definition, counties varied somewhat in terms of the extent to which clients' eligibility for COP was documented. All but 4 counties required documentation of a client's intent to enter a nursing home, all but 3 of whether a client requires periodic medical, restorative, or rehabilitative care and all but 1 of the other 2 statewide criteria.

Counties also varied in terms of when they determined if a client met the various parts of the definition and in terms of who was responsible for deciding....

1) Seeking or about to be admitted was determined by referral sources in 2 counties, before the assessment by 15 counties, and during or after the assessment by the other counties.

2) Client's need for medical, restorative or rehabilitative care was determined by referral agencies in 1 county, and before assessment by 9 counties.

3) Client's need for assistance to maintain functioning was determined by referral agencies in one county and before assessment by 8 counties.

4) Whether a client had a long-term or irreversible illness was determined before assessment by 13 counties. (Referral agencies reportedly never made this determination.)

Counties also varied in the extent to which they provided training on the threshold definition to referral agency and lead agency staff. Almost all counties developed local training materials for referral sources and all but 3 counties included the threshold definition in these materials, but only 4 counties reported developing written training materials for lead agency staff. In lieu of locally developed materials, counties relied upon state prepared material or their COP plans.

V. ARE COP PROGRAMS MORE, OR ARE THEY LESS, EXPENSIVE THAN NURSING HOME CARE?

CONCLUSIONS

The evaluation found that the per person costs associated with maintaining COP clients in community settings were less than those that would be associated with maintaining them in nursing homes, but that the COP program leads to additional costs for the state.

Per Person Public Costs

Preliminary analysis of cost information submitted on a sample of COP-funded clients in 1983 indicated that the net public cost of maintaining them in community settings was approximately $25 a day.[1] In comparison, an analysis of 1983 Medicaid rates for nursing homes in the 28 counties operating COP programs in 1983 and an analysis of expenditures for a comparison group of nursing home residents in 1983 suggested that had these sample COP-funded clients entered nursing homes it would have cost approximately $40 to $42 a day (in public dollars) to maintain them in nursing homes. The per person public cost of COP in 1983, therefore, appeared to be less than the per person public cost of nursing home care.

Analysis of cost information submitted on COP-funded clients in 1982 indicated that the total public cost of maintaining them in community settings was approximately $20 a day versus an anticipated public cost of $33 a day had they entered nursing homes instead of receiving COP-funded services.

In 1983, the state was estimated to pay 59 percent of the public cost of the community services provided to COP clients. It also was responsible for 42 percent of the cost of nursing home care. The daily state cost for community care for the clients sampled, therefore, was estimated to be $14.76--slightly less than the state costs associated with nursing home care. The state costs for nursing home care were estimated to be $16.62 (based on an analysis of nursing home rates) and $17.50 (based on an analysis of actual expenditures for comparison group residents).

State savings do not appear to be generated if the clients served by COP are former nursing home residents. Analysis of cost information on 18 former nursing home residents served by COP in 1982 showed that the state cost associated with maintaining them in community settings was approximately $19.28 a day. The state cost associated with maintaining these same persons in nursing homes was $19.05 a day. Only 6 of the 1983 sample clients had been Medicaid-funded residents before they received COP-funded services. The state cost to maintain these clients in community settings was $24.49 a day versus a prior state cost of $18.10 a day when they were residing in nursing homes.

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[1] These costs do not include initial assessment ($63) and case plan ($209) expenditures. Assessment and case plan expenditures are included in the analysis of the total costs associated with the program, but they are not included in the per person daily or monthly costs because they are start-up costs which are only expected to occur in the first year. The net public cost includes the total public cost (state, federal, county, and local payments) minus client fees from private income.

Total Public Costs

It is possible that, even if the per person state costs of serving persons in COP in 1983 were less than the per person state costs associated with nursing homes, COP may lead to increased total costs to the state. This might have occurred if COP served persons who would not have entered nursing homes. (The costs to serve such persons in COP would offset any savings generated by the lower daily costs associated with serving COP clients who *would* have entered nursing homes if they had not received COP services). Overall, it was estimated that 20 percent of the persons receiving COP-funded services may not have been at imminent risk of entering nursing homes. The expenditure of COP dollars to serve these persons, and to serve persons who would not be eligible for Medicaid immediately upon entering nursing homes, offset the savings generated by serving other persons who would have otherwise entered nursing homes as Medicaid residents. (If persons who were not yet eligible for Medicaid *had* entered nursing homes, their nursing home residence would have been at no cost to the state. Because these persons were expected to become eligible for Medicaid within 6 months of entering a nursing home, the first months of COP-funded services may have represented an added cost generated by COP.)

Even though COP did not appear to generate a savings in state dollars, it did appear to generate a savings in total public dollars. A savings in total public dollars appeared to occur even if it was assumed that COP served persons who otherwise would not have sought out publicly funded services.

Private and Total Costs

It was estimated that private income paid for approximately 36 percent of the total cost of community services provided to clients in 1982 and that private income paid for approximately 24 percent of the total cost of the community services provided to clients in 1983. The total cost of community services was estimated to be $975.68 per month for all COP clients in 1982 and $1,001.70 per month for sample COP clients in 1983. In comparison, the alternative cost of nursing home care was estimated to be $1,372.73 per month in 1982 and $1,479.58 per month in 1983. It was also estimated that client contributions paid for 16 to 23 percent of the cost of nursing home care.

Because the COP service dollar expenditures reported for 1983 sample clients were slightly (15 percent) lower than those reported for all COP-funded clients in 1983, the total expenditures reported on the basis of these sample clients also probably slightly underestimate the total expenditures for all COP-funded clients.

METHODS

Determining the Total Cost of Maintaining COP Clients in Community Settings

In 1982, COP counties were asked to report the total amount of COP and other funds used to maintain COP clients in community settings. Funds used were to be reported in categories reflecting private income, public income, COP, and a number of other public programs such as Title XX and Title III.[1] Because few counties had operated programs in 1982, and because the standard reporting for 1983 COP counties requested less cost information than was required in 1982, it was decided that additional information would be needed to compare the cost of COP to the cost of nursing home care.

Thus, in July of 1983 COP counties were asked to submit supplementary cost information on a sample of 1983 COP-funded clients.[2] The information requested included the public and private income of clients, COP funding and other public funding used as well as client contributions, if any, toward the cost of services.[3] The information obtained from counties was edited and COP lead agency staff were called as necessary to obtain any missing information requested. If COP lead agency staff indicated that they did not have the information requested, but could identify who could be contacted to obtain the information, that person was called.

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[1] The reporting categories provided included MTA (including Title XX, Title IV, capacity building, county match, etc.); Title III Older Americans Act; private payments (from pensions, SSI, Social Security, assets, uniform fees, etc.); and other. Counties were also asked to list the monthly amount of assets allowed in the COP pilot uniform fee system and to report the average monthly income available to the individual. Categories provided to report client income included SSI; SSDI; food stamps; salaries, wages, etc.; Social Security; pensions; and other.

[2] Procedures for selecting sample clients are described in the introduction to this report.

[3] Counties were asked to breakdown the funding used so that the relative costs born by federal, state, and county agencies could be identified. Appendix A contains the reporting format and instructions provided to counties.

In addition to the information reported by COP counties, Medicaid client histories for 1982 COP clients and for 1983 sample clients were also requested from EDS-federal so that the amount of Medicaid funding used to maintain COP clients in community settings could be identified.

Three approaches were then used to determine if the total public cost of maintaining COP clients in community settings was more, or less, than the public cost of nursing home care.

Determining the Alternative Cost of Nursing Home Care

Projected Cost Analysis

Under the first approach, the cost of maintaining 1983 COP clients in community settings was compared to the cost that Medicaid rates (for the nursing homes in the 28 COP counties and the DD centers in 1983) suggested would have occurred if these sample clients had entered nursing homes/DD centers instead of receiving COP services. This approach is called the projected cost analysis because the costs associated with nursing home/DD center residency were projected on the basis of Medicaid nursing home rates. Two sets of Medicaid rates were used in the analysis for 1983 -- the rates in effect from January through June of 1983 and the rates in effect from July of 1983 through June of 1984.[1] The rates for these two time periods were averaged to yield rates for each of the four rate care levels.[2] Rates for intermediate care facilities for the mentally retarded (ICF-MRs) were analyzed separately because it was known that they tended to be higher than rates for other nursing homes. In addition, 1982 Medicaid rates for nursing homes in the 8 counties operating COP programs in that year were obtained for comparison purposes. Nursing home rates were provided by the Division of Health Bureau of Health Care Financing from the computerized rate files maintained by the bureau.[3]

None of the nursing home rates obtained reflected changes as the result of nursing home appeals. The 1982 rates reflected rate adjustments made through February of 1983. Because the effects of nursing home appeals and retroactive rate adjustments were generally not included, it is possible that the rates obtained may have slightly underestimated the cost of nursing home care. Such an effect would be most likely in 1982 because, in that year, rates for only 64 nursing homes were analyzed. Because appeals and rate adjustments have little impact on a statewide basis, and because nursing home rates for 1983 were obtained for 243 nursing homes, not accounting for rate adjustments and appeals probably had little effect on the findings for 1983. (Because all adjustments and appeals are not processed until several months after the appeal -- or after the changes necessitating the adjustments occur -- it would not have been possible to use adjusted rates in the study.)

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[1] Because the state moved from a calendar year to a fiscal year rate setting schedule in 1983, two sets of rates were in effect during calendar year 1983.

[2] Separate Medicaid rates are developed for skilled (SNF), intermediate (ICF-1 and ICF-2), personal (ICF-3), and residential (ICF-4) care.

[3] The rates provided for January through June of 1983 were the estimated rates which the Bureau of Health Care Financing used to calculate rates for July of 1983 through June of 1984. All of the other rates provided were actual rates.

Other sources of payment considered in the projected cost analysis included (federal) SSI personal allowance payments, reserved (private) client income, and (private) client contributions to the cost of nursing home care.

The total cost of maintaining COP clients in community settings was determined based on the reports of actual expenditures for 1983 sample clients submitted by the 28 COP counties in 1983. The costs reported for sample clients were broken down according to the programs/funding sources used to obtain services to maintain the clients in community settings.[1] The ratio of COP to other funds determined from the 201 sample cases was used to estimate the total cost of serving the 1549 persons receiving COP-funded services in 1983. The relative amount of funding reported from federal, state, county, private or other funding sources was used to estimate the state, federal, and other costs incurred as a result of the COP program.

Longitudinal Analysis

In 1982, 18 (9 percent) of the 198 persons who received COP-funded services had been Medicaid-funded nursing home residents before they started to receive COP-funded services.[2] In 1983, only 6 (3 percent) of the 201 sample clients had been Medicaid-funded nursing home residents prior to the time they started to receive COP-funded services. The approach taken through the longitudinal analysis was to compare the actual cost of serving these persons in nursing homes to the actual cost of maintaining them in community settings. Sources of information used in this longitudinal analysis included Medicaid client histories and COP county reports which showed the actual cost of serving the clients in community settings. The Medicaid client histories reflected Medicaid payments made during the time clients were in community settings as well as during the time the clients were residing in nursing homes.

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[1] Appendix A contains a copy of the reporting form counties used to report expenditures for clients.

[2] In some cases, these persons continued to be Medicaid-funded nursing home residents for a period of time after they started to receive COP-funded services to aid their relocation.

Comparison Group Analysis

Under the third approach, the actual cost of maintaining 1983 sample COP clients in the community was compared to the actual costs involved in maintaining Medicaid-eligible persons who were similar to COP 1983 sample clients in nursing homes/DD centers.

For this analysis, a random sample of 221 Medicaid-funded nursing home/DD center residents in 1983 was selected from nursing homes in the 28 COP counties and from the state DD centers. The comparison group sample was stratified so that the number of nursing home comparison group residents selected in each of the 28 counties equalled the number of sample 1983 COP-funded clients in that county.[1] Comparison group nursing home residents were also selected on the basis of their nursing care level so that the percentages of comparison group nursing home residents and the percentages of sample 1983 COP-funded cases at the various care levels were identical. This was done so that the cost comparison would not be affected by differences in the nursing care needs of COP-funded sample cases and comparison group nursing home/DD center residents.

Sampling Procedures. -- To identify comparison group nursing home/DD center residents, a sample of long-term care facilities was selected within each COP county, and residents were randomly selected from lists of the residents in these facilities.[2] The number of nursing homes represented in the sample was maximized by selecting residents from as many different facilities as possible. This was done for two reasons: first, there is considerable variation in nursing home rates across facilities, and it was considered desirable to reflect this variation in the estimates to be obtained; and second, in those cases where counties were able to identify the nursing homes COP clients would have entered, the number of different homes considered by COP clients was almost as large as the number of clients.[3] That is, COP clients were seeking to enter many different nursing homes rather than clustering within just a few. Therefore, it was felt that maximizing the number of facilities from which residents were selected would provide a more realistic and reliable estimate for comparison with the costs for COP clients. Whenever possible, then, it was attempted to select as many long-term care facilities in the county as possible, and then randomly select a single resident within each facility.

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[1] The introduction to this report describes the methods used to select the sample of 1983 COP-funded cases.

[2] Only facilities which were in operation during all of 1983 were considered for selection. The Division of Health Bureau of Quality Compliance provided lists of nursing homes in COP counties so that those in operation all year could be identified. Notice to provider facility of inspection of care (IOC) findings (DOH-9035 A-81-12 Rev. 82/03) listings were used to select comparison group nursing home residents.

[3] The standard COP reporting forms required counties to identify the nursing homes COP-funded clients were seeking to enter. This information, however, was actually reported for less than half of the sample cases suggesting that in many cases counties did not know what nursing homes clients were considering or that the client had not selected a particular nursing home for consideration.

Four SNF residents were selected from free-standing SNF facilities (there were only four such facilities that operated in COP counties during all of 1983). The remaining SNF residents were chosen from SNF/ICF facilities.

ICF residents for a given county were selected from the SNF/ICF, ICF, and ICF/MR facilities in that county in proportion to the total number of beds available in each type of facility. (This was done because if clients had entered nursing homes rather than receiving services in the community, they would have been most likely to enter those homes with the greatest number of available beds.)

Residents were selected randomly from each of the chosen nursing homes/DD centers. In general, only one resident was selected from each facility. Exceptions to this were: a) if an SNF/ICF facility was to be used for selecting both SNF and ICF residents, and b) if the number of residents to be selected in a county was greater than the number of long-term care facilities in that county.

In addition to the 201 nursing home/DD center residents selected in this manner (only four of the persons in this sample were residents of DD centers), twenty residents were drawn from the three DD centers (6 from Northern Center, 7 from Central Center, and 7 from Southern Center) in order to obtain more reliable estimates of the cost of care at these facilities.[1]

Appendix C contains a list showing the individual care levels of comparison group cases selected from individual nursing homes/DD centers.

Analysis of Medicaid Expenditures

Individual client histories from the Medicaid Management Information System (MMIS) were used to determine the cost of Medicaid services provided to COP-funded clients during the time they received COP-funded services. The analysis of Medicaid payments for an individual client began with the first day he/she received COP-funded community services and ended with the last day he/she received COP-funded services. The dates of assessment and case plan development were not used to define the time period during which Medicaid payments were included in the total cost of COP-funded community care. Print histories were obtained for 1982 clients and the data was hand coded. In 1983, a computer tape of histories was obtained, and a computer program was developed to code and analyze the data. In both years, payments made for services delivered during the time individual clients received COP-funded services were coded into seven categories on the basis of MMIS provider and place of service codes.[1] Table 38 illustrates the codes used to categorize payments. The analysis recorded actual payments (as opposed to billed or allowed amounts) from all claim types shown on a client's history.[2]

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[1] Overall, therefore, 24 residents in the sample were from state DD centers and 5 were from other ICF-MRs. The total number of sample cases from ICF-MRs (29) represented 13 percent of the total sample. In comparison, 10 percent of the 201 sample 1983 COP-funded clients were developmentally disabled.

TABLE 38
Provider and Place of Service Codes Used to Categorize Payments

Category	MMIS Provider Codes	Place of Service
1. Hospital Outpatient[a]	60 (Alcoholic Hosp.) 61 (General Hosp. Inpatient) 62 (General Hosp. Outpatient) 64 (Psychiatric Hosp.)	5 (Outpatient)
2. Hospital Inpatient[a]		3 (Inpatient)
3. Physician	20 (Physician M.D.) 22 (Physician Group)	
4. Pharmacy	26 (Pharmacy)	
5. Home Health	44 (Home Health/VNA)	
6. Nursing Home	47 (Nsg. Home Intermediate Care) 67 (Residential Care, Nsg. Home) 79 (MR Facility (Colonies)) 80 (Nsg. Home Skilled Care)	
7. All Else[b]		

[a] Because hospital provider codes do not always distinguish inpatient from outpatient services, place of service codes were also used for these categories.

[b] The category of "all else" included (in order of decreasing frequency) transportation, medical vendor, optometrist, dentist, rehabilitation agency, physical and restorative therapy, lab, mental health clinic, hearing aid supplies, occupational therapy, chiropractor, and speech and hearing. Only 36 of the histories that were coded in 1982 had payments in the "all else" category.

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[1] Appendix D contains a list of the services covered by Wisconsin's Medicaid program in 1982.

[2] An alternative approach that could have been used would have been to record Medicaid payments made during the time clients received COP-funded services -- that is, to use the date of payment rather than the date of service to select payments to include in the analysis. This approach, however, would not have been consistent with the information available on expenditures made to maintain clients in community settings.

Date of Requests

In July of 1983, a listing of 1982 COP-funded service clients identified as having Medicaid numbers was submitted to the Bureau of Health Care Financing (HCF). When the listing was submitted to HCF, one year of Medicaid history prior to the date COP service started was requested for each of the clients reported to be in nursing homes at the time they were assessed. This was done to compare the Medicaid costs under COP to those associated with residency in nursing homes. Staff from HCF checked this listing to determine if the persons listed were eligible for Medicaid services during the time they received COP services, if the Medicaid numbers were valid, and if the persons listed had cross reference Medicaid numbers. They then requested client histories from E.D.S. Federal Corporation (EDS) which processes Medicaid claims in Wisconsin.[1]

Similar history requests were submitted to HCF later in September of 1983 and in February and March of 1984. These later requests were made to obtain histories for clients found to have invalid Medicaid numbers, additional clients found to be in nursing homes when they were assessed, and for additional clients found to have Medicaid numbers.[2]

In June of 1984, a listing of 129 of the 201 1983 sample clients identified as having Medicaid numbers and of the 221 comparison group nursing home residents was submitted to EDS. EDS was asked to reproduce client histories for these persons using the 8 percent sample tape format developed for the Division of Health Bureau of Health Statistics. One year of payment history was requested for the 221 comparison group nursing home residents. For the 129 1983 sample clients, payment histories were requested to correspond to the time when they received COP-funded services in 1983. Because only a small number (8) of the 1983 sample clients were reported to have been Medicaid-funded nursing home residents when they were assessed, print histories were requested for these clients.[3] The print histories requested were for one year of nursing home residency and for the period of time in 1983 when these clients had received COP-funded services.

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[1] Both histories were requested for a client if he/she had a cross reference Medicaid number. This was done to ensure that all of the payments made during the time period of COP services were reported.

[2] In February of 1984, the MMIS eligibility file was used to double check the Medicaid status of all COP funded clients for whom histories had not already been requested.

[3] Two of these persons were subsequently determined to not have been Medicaid-funded nursing home residents when they were assessed.

Most of the histories obtained reflected payments made as of July 15, 1983 (for 1982 clients) or as of October 15, 1984 (for 1983 clients and nursing home comparison clients).[1] This allowed at least six and one-half months after the Medicaid services were delivered for claims to be submitted by providers, adjusted if necessary, and paid. Because Medicaid providers have up to one year to submit claims and another six months are allowed for adjustments, the payments reported may slightly underrepresent the eventual total payment. Reported payments are expected to only slightly underrepresent the eventual total payment because most payments are made within six months of service delivery. A study of the lag time involved in Medicaid payments in Wisconsin found that approximately 95 percent of the eventual payments for all services are made within six months of service delivery and that only about one percent of the eventual payment is received each month thereafter.[2]

Procedures For Analysis of Histories

In addition to categorizing payments according to the seven provider/place of service codes described earlier, the analyses also ensured that the payments only reflected payments for services provided during the time COP services were provided.[3] Thus, payments outside of the COP service period that were shown on the histories received were deleted and single payments that covered services provided on a number of days (some within and some outside of the COP service period) were prorated (reduced).

When the histories were coded, the status of the client's Medicaid (MA) eligibility during the COP service period was also coded and the starting and ending dates of Medicaid eligibility during the COP service period were recorded. The following codes were used to describe the status of a client's eligibility for Medicaid during the time he/she received COP funded services:

1. MA eligible throughout period of COP services.

2. Become MA eligible after COP services started and stayed MA eligible until COP services ended.

3. Became ineligible for MA after COP services started.

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[1] Although data for 1983 clients was requested in June, the data was not received until mid October.

[2] Wisconsin Department of Health and Social Services, A Preliminary Model for Projecting, Explaining, and Monitoring Medical Assistance Expenditures by Using Utilization, Caseload and Price Trends, May 1982.

[3] Due to an error in listing the date of COP-funded services in 1982 three of the histories obtained for 1982 clients did not cover the entire period of COP-funded services. Overall, the histories analyzed reflected 18,633 of the 18,684 days of COP-funded services provided to clients.

4. Become eligible for MA after COP services started then became ineligible for MA before COP services ended.

5. Was not ever eligible for MA during the time COP services were provided.

Finally, the analysis ensured that only payments from the pre COP histories (received for clients in nursing homes when they were assessed) that were associated with Medicaid-funded residence in a nursing home were included. When these pre COP payments were recorded, the beginning and ending dates of Medicaid nursing home payments prior to the receipt of COP services were also recorded so that daily costs could be computed. The beginning and ending dates of Medicaid nursing home payments were also used to define the payment histories of the 221 comparison group nursing home residents for analysis.

DISCUSSION OF COST-RELATED ISSUES

Three factors are related to the overall cost of COP -- the Medicaid eligibility of clients served, client turnover, and targeting.

Medicaid Eligibility of COP-Funded Clients

COP-funded services may only be provided to persons who are eligible for Medicaid or to persons who would be expected to become Medicaid-eligible within 6 months if they entered a nursing home. (COP counties must review the income and assets of clients who are not eligible for Medicaid to determine if they would become Medicaid eligible within 6 months of entering a nursing home.) COP-funded services were made available to low-income persons who were not Medicaid eligible because it was known that a large number of these persons become Medicaid-eligible after entering a nursing home. It was felt that excluding persons who were expected to become Medicaid eligible after entering a nursing home from COP would reduce the overall ability of the program to limit Medicaid-funded nursing home costs.

Figure 7 illustrates the Medicaid eligibility of COP-funded clients during the time they received COP-funded services in 1982 and 1983. As this figure indicates, 40 percent of the persons who received COP-funded services in 1982 were not Medicaid-eligible during the time they received COP-funded services, and in 1983, 38 percent of the 201 sample 1983 COP-funded cases were not eligible for Medicaid during the time they received COP-funded services.

The Medicaid eligibility of COP-funded clients is a cost issue because if persons who were not eligible for Medicaid had entered nursing homes, the state would not have had any expense related to providing these persons with nursing home care until they did become eligible for Medicaid.[1] However, by serving these persons in COP, the state did incur expenses. These expenses were represented by the state COP funds and the state share of other public programs that are partially state funded.

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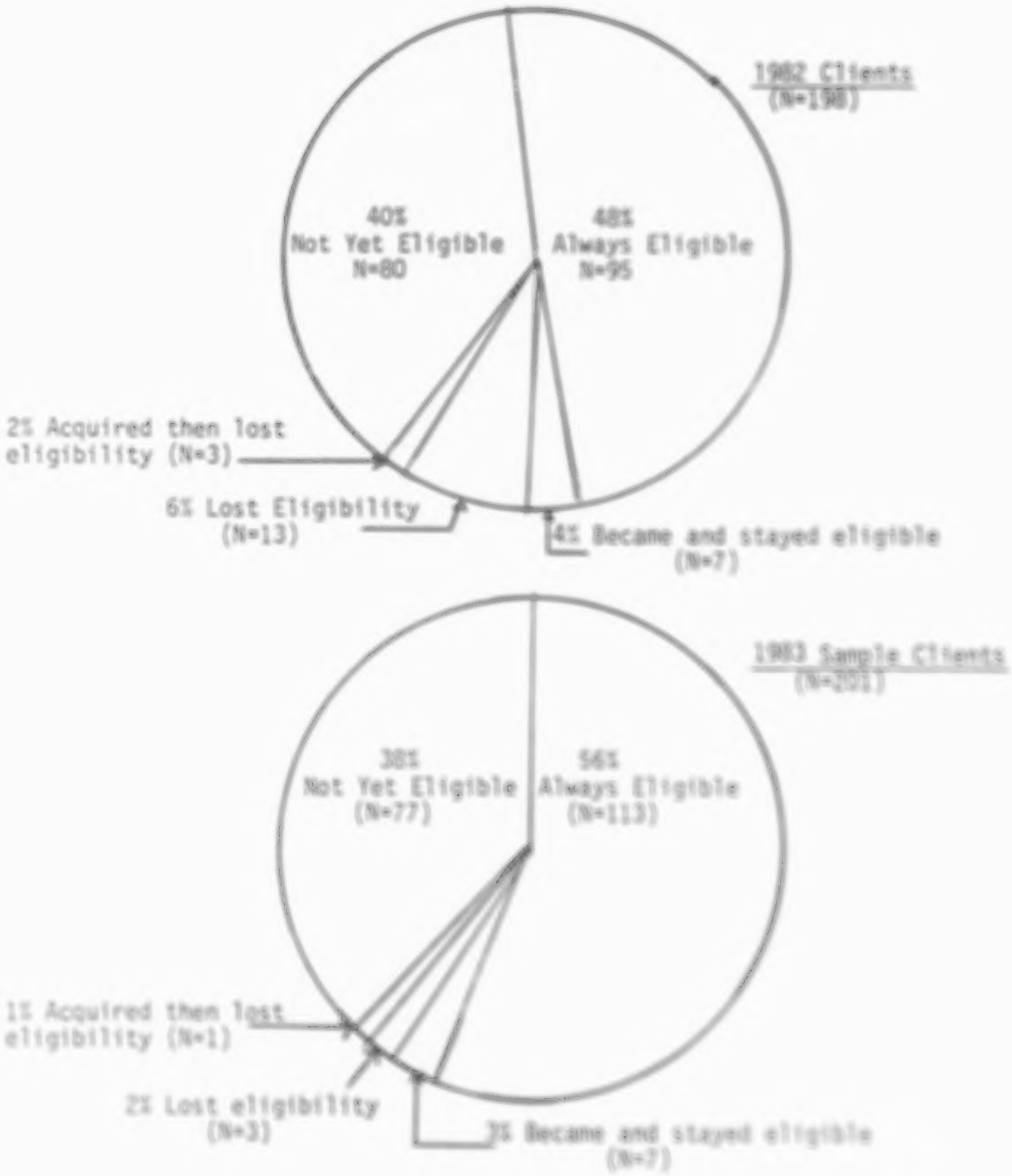
[1] It was expected that all of the persons receiving COP-funded services who were not eligible for Medicaid would become eligible within at least 6 months of entering nursing homes. Because the standards for Medicaid eligibilty in community and institutional settings differ, some of the persons who were not eligible for Medicaid in a community setting might have been eligible for Medicaid immediately upon entering nursing homes.

Figure 7 -- MA Eligibility of COP-Funded Clients During Time COP-Funded Services Were Provided



Client Turnover

Relationship to Savings Generated

On an individual client basis, a factor which affects the potential savings generated by COP is the length of time a client receives COP-funded services as opposed to entering a nursing home. Thus if the program serves a person who otherwise would have been a Medicaid-funded nursing home resident, potential savings are generated each day the client is served by COP. A client who receives COP services for only 2 months before entering a nursing home generates less savings than a client who delays nursing home admission for a longer period of time.

However, except for the initial start-up costs associated with assessing and developing case plans for COP clients, if COP clients who leave the COP caseload are immediately replaced by other clients who also would have been Medicaid-funded nursing home residents, individual client turnover rates will not affect the overall savings generated by the program. Thus, serving 2 clients for each of whom Medicaid-funded nursing home admission is delayed for 2 months generates as much savings as does serving one client who delays Medicaid-funded nursing home admission for 4 months. The only difference is that, in the former case, an additional COP assessment and case plan are paid for.[1]

This pattern, however, does not apply to services provided to spenddown clients (persons who are not eligible for Medicaid when they start to receive COP-funded services). If COP services are less expensive than nursing home care, savings are generated each day Medicaid-funded nursing home care is prevented. Because spenddown clients would not be eligible for Medicaid the day they entered a nursing home, the first few months these persons receive COP-funded services, no savings are generated. Thus serving a greater number of spenddown clients for shorter periods of time generates less savings than does serving a smaller number of spenddown clients for longer periods of time. The following example illustrates how client turnover can make a difference in the amount of potential savings generated by COP.

Example

Program A and program B each provided 9,000 hours of COP-funded services to clients who otherwise would have entered nursing homes. Forty percent of the clients served in program A and 40 percent of those served in program B were eligible for Medicaid the day they started to receive COP-funded services. Had the other clients served by both programs entered nursing homes, they would have become eligible for Medicaid within 3 months.

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[1] It should be noted that high turnover rates may be viewed as undesirable for other than financial reasons.

Program A served 100 clients. Each person served received 90 days or 3 months of service.

Program B, which had a lower turnover rate, only served 50 clients. Each person served received 180 days or 6 months of service.

The following chart illustrates the potential savings generated by each program.

Program A	Program B
# of clients = 100 40% MA = 40 MA elig. 60 not MA elig.	# of clients = 50 40% MA = 20 MA elig. 30 not MA elig.
# of months of services per client = 3 months	# of months of services per client = 6 months
# of months of MA funded nursing home care prevented 40 persons x 3 months = 120 months	# of months of MA funded nursing home care prevented 20 persons x 6 months = 120 30 persons x 3 months[a] = 90 210 months

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[a] The 30 persons who were not MA eligible when COP-funded services started would have been MA eligible after 3 months. Thus, the last 3 months of service to these clients represent months of MA funded nursing home care that were prevented.

Overall, therefore, Program B, which had a lower turnover rate, prevented almost twice as many months of Medicaid-funded nursing home care as did Program A.

Available Data

Because the COP program has only been in operation since 1982, only preliminary data is available regarding the length of time clients typically remain on the COP caseload. In 1982, 25 percent of the elderly clients and 13 percent of the nonelderly disabled clients receiving COP-funded services had left the program by the end of the year. The 198 clients who were served received 18,684 days (or approximately 3 months) of COP-funded services. In 1983, although slightly higher dropout rates were reported for the elderly and nonelderly disabled clients starting to receive COP-funded services (28 percent and 21 percent respectively) and for the 1982 clients who had continued to receive services in 1983 (38 percent of these clients were no longer receiving COP-funded services by the end of 1983), the 1539 COP-funded clients in 1983 for whom information was reported were served for 237,206 days or approximately 5 months. The following tables illustrate client turnover in 1982 and in 1983.

TABLE 39
1982 COP-Funded Clients By Month Services Started, Age/Disability, and Status at Year End

	Elderly			Nonelderly Disabled			
Month	# Starting	# Terminated	% Starting that month terminated by 12/31/82	# Starting	# Terminated	% Starting that month terminated by 12/31/82	Total # Terminated
January	---	---	---	---	---	---	0
February	---	---	---	1	1	100%	1
March	2	2	100%	---	---	---	2
April	3	2	67%	2	1	50%	3
May	7	4	57%	1	1	100%	5
June	20	7	35%	4	1	25%	8
July	11	3	27%	5	2	40%	5
August	14	6	43%	7	0	0%	6
September	21	1	5%	11	0	0%	1
October	18	5	28%	14	1	7%	6
November	21	2	10%	11	2	18%	4
December	14	1	7%	11	0	0%	1
Subtotal	131	33	25%	67	9	13%	42
(Missing)							(7)[a]
Grand Total							49

[a] In 1982, counties reported that 42 of the 198 COP-funded clients served in 1982 were terminated by the end of the year (suggesting that 156 clients were carried over to 1983). But, in 1983, counties only reported 149 carry-over clients. Therefore, it was assumed that a total of 49 of the persons receiving services in 1982 were no longer receiving services by the end of the year.

TABLE 40
Number of 1982 COP-Funded Clients Continuing To Receive COP-Funded Services In 1983 Terminated Each Month In 1983

	Status	#	%	Cumulative Percent
1.	Cases Terminated By Month:			
	January	7	12.5%	12.5%
	February	5	8.9%	21.4%
	March	6	10.7%	32.1%
	April	5	8.9%	41.0%
	May	2	3.6%	44.6%
	June	8	14.3%	58.9%
	July	6	10.7%	69.6%
	August	4	7.1%	76.8%
	September	2	3.6%	80.4%
	October	3	5.4%	85.7%
	November	2	3.6%	89.3%
	December	6	10.7%	100%
	(Subtotal)	(56)	(37.6%)	
2.	Cases Not Terminated	93	62.4%	
	Total	149	100%	

TABLE 41
New 1983 COP-Funded Clients By Month Services Started, Age/Disability, and Status at Year End

	Elderly			Nonelderly Disabled		
Month	# Starting	# Terminated	% Starting that month terminated by 12/31/83	# Starting	# Terminated	% Starting that month terminated by 12/31/83
January	42	23	55%	27	6	22%
February	47	18	38%	26	9	35%
March	41	16	39%	47	13	28%
April	66	24	36%	32	9	28%
May	65	24	37%	44	10	23%
June	67	28	42%	69	20	29%
July	56	18	32%	57	16	28%
August	84	20	24%	52	13	25%
September	84	17	20%	68	13	19%
October	83	15	18%	72	10	14%
November	73	7	10%	59	5	8%
December	59	3	5%	61	3	5%
Total[a]	767	213	28%	614	127	21%

[a] Table values do not include 4 elderly and 3 nonelderly new 1983 clients whose end of year status was not reported.

Estimate of Time In Program

Overall, therefore, both the 1982 and the 1983 data suggest that dropout rates for elderly clients are slightly higher than for nonelderly disabled persons and that 25 percent of the clients receiving COP-funded services are in the program for less than one year. Information reported on 1982 clients continuing to receive services in 1983 showed that another 28 percent were terminated from the COP-funded service caseload during the second year. This suggests that most persons receiving COP-funded services will be served for no more than 3 years.[1]

Targeting

If COP services are only provided to persons who would otherwise have entered nursing homes and if serving clients through COP is less expensive (on an individual client basis) than nursing home care, then each person served generates a savings. The program as a whole, therefore, represents a savings compared to nursing home care. However, if some of the persons who receive COP-funded services would not have entered a nursing home, the COP dollars spent to serve them offset the savings generated by serving persons who would have entered nursing homes.

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[1] If at least 25 percent drop out each year, by the end of the third year three-fourths will have dropped out.

If, in addition to serving persons who would not enter nursing homes, the program serves persons who otherwise wouldn't have received publicly funded programs (that is, if COP "discovers" new clients), the overall savings generated are reduced even more. (In this case, the non-COP as well as the COP dollars expended to serve persons who would not have entered nursing homes or used public programs offset the savings generated by serving persons who would have entered nursing homes.)

FINDINGS REGARDING THE TOTAL COST OF MAINTAINING COP CLIENTS IN COMMUNITY SETTINGS

This section presents information on the total cost of maintaining COP clients in community settings. First, Medicaid payments for medical services provided to COP-funded clients are described. This information is then added to the client income and public agency expenditures reported by COP counties to reflect the total costs of community care. Reported costs are then allocated showing the relative costs paid by individuals, state agencies, federal agencies, county agencies, and other agencies. Following is a description of the terms used in this section:

Total Cost	Payments for services from private and public sources. Client income (from private and public sources) was included representing food and shelter costs. Other sources included were Medicaid payments for health services, and social service/51 agency expenditures for services provided. The monetary value of natural support services was not included.[1]
Total Public Cost	Total cost minus client income from private sources.
Client Fees	Monies paid by clients for social services under county COP cost sharing plans. (Considered an offset to public cost if client income was from private sources.)
Net Public Cost	Total public cost minus client fees from private income sources.

1982 Medicaid Costs for Community Care

Table 42 presents total Medicaid payments for medical services provided to COP-funded clients during the time they received COP-funded services in 1982. Because some persons were residing in nursing homes when they started to receive COP-funded services and because other persons continued to receive COP-funded services after they entered nursing homes, in some cases, the cost of serving a person in COP included the cost of nursing home care.[1] In fact, the largest expenditure category for 1982 COP-funded clients was payments to nursing homes. Fifty-three percent of the payments to nursing homes were made for 12 clients who were in nursing homes when they were assessed. The payments reflect Medicaid costs incurred before the clients were discharged from nursing homes--that is during the time arrangements were being made to place these persons in community settings.[2] The remaining $9824.92 payment to nursing homes included:

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[1] The market value of natural support services has been estimated to range from $474 to $1,110 per month nationally. (Wisconsin Department of Health and Social Services, Office On Aging, Natural Caregiving and Frail and Functionally Impaired Elderly in Wisconsin: A Profile, March, 1984.)

- $243.92 for 2 clients who were not in nursing homes when they were assessed but who entered nursing homes before they started to receive COP-funded services,
- $3,184.87 for 11 clients who entered nursing homes after they started to receive COP-funded services, and
- $6,396.13 for 5 clients who were residing in Allen Hall when they were assessed and who continued to reside there after starting to receive COP-funded services. (Allen Hall was a community-based residential facility that closed in 1982.)

Overall, therefore, 85 percent of the payment to nursing homes was related to discharge planning and 15 percent was due to needs for nursing home services that occurred after clients started to receive COP-funded services.

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[1] An alternative approach to the analysis would have been to exclude Medicaid, COP, and other expenditures made during the time COP-funded service clients were residing in nursing homes. This probably would have yielded a slightly lower daily cost for persons during the time COP-funded services were provided.

The approach followed (that is, counting all expenditures made on the days when COP-funded community services were provided) was selected because it reflects what actually happened and what probably will occur in the future. That is, it can be expected that some payments for nursing home care will be necessary for COP-funded clients. Such payments can be described as start-up costs associated with relocating nursing home residents and as on-going costs associated with serving a medically impaired population.

[2] COP Guidelines allow COP funds to be used for persons in nursing homes if active discharge planning is in progress. A waiver must be obtained to use COP funds for nursing home residents. In 1982, COP funds could be used for up to 60 days before discharge. In March of 1984, this time limit was extended to 90 days. COP funds may also be continued for 90 days after a person (who is receiving COP-funded services) enters a nursing home for treatment or for a recuperative stay. (Information.... Community Options Program, No. 17, March 27, 1984, DCS Office of Program Initiatives.)

TABLE 42
Medicaid Payments for 1982 COP-Funded Clients During the Time COP-Funded Services Were Provided in 1982

	In Nursing Home When Assessed?			
Provider/Service	Yes (N = 18)	No (N = 180)	Total (N = 198)	Percent
Hospital Outpatient	$288.00	$3,914.70	$4,202.70	5.1%
Hospital Inpatient	156.00	13,218.39	13,374.39	16.1%
Physician	687.68	5,943.20	6,630.88	8.0%
Pharmacy	1,209.02	10,932.98	12,142.00	14.7%
Home Health	1,180.93	15,179.83	16,360.76	19.7%
Nursing Home	10,909.93	9,824.92	20,734.85	25.0%
All Else	2,383.48	7,055.92	9,439.40	11.4%
Total	$16,815.04	$66,069.94	$82,884.98	100%

Note: Reported expenditures reflect 18,633 days of COP-funded services and 9,510 days of Medicaid eligibility.

Table 43 compares the average during-COP Medicaid payments for clients who were in nursing homes when they were assessed to the average Medicaid payments for other COP clients. The major difference between the expenditure patterns for these two groups is the nursing home payments for the clients who were in nursing homes when they were assessed by COP.

TABLE 43
During COP Per Person Medicaid Payments For 1982 COP-Funded Clients By Type of Provider/Service

	In Nursing Home When Assessed?					
	Yes (N = 18)		No (N = 180)		Total (N = 198)	
Provider/Service	Ave.	Std. Dv.	Ave.	Std. Dv.	Ave.	Std. Dv.
Hospital Outpatient	$16.00	$67.88	$21.75	$102.44	$21.23	$99.68
Hospital Inpatient	8.67	36.77	73.44	364.87	67.55	348.47
Physician	38.20	124.98	33.02	114.78	33.50	115.41
Pharmacy	67.17	94.66	60.74	137.00	61.32	133.54
Home Health	65.60	248.92	84.33	539.46	82.63	519.42
Nursing Home[a]	606.10	757.21	54.58	254.60	104.72	365.57
All Else	132.42	248.58	39.20	265.32	47.67	264.60
Total[b]	$934.17	$948.50	$367.06	$884.16	$418.61	$902.58

[a] F = 45.695 p = 0.00
[b] F = 6.645 p = 0.01

1983 Medicaid Costs for Community Care

Table 44 presents Medicaid payments for medical services provided to 1983 sample COP-funded clients during the time they received COP-funded services in 1983. It shows relatively higher expenditures for inpatient hospital services for 1983 sample clients. Inpatient hospital services represented 30 percent of the Medicaid expenditures for 1983 sample clients, but only 16 percent of the Medicaid expenditures for 1982 sample clients. Table 45, which summarizes the daily Medicaid expenditures of 1982 and 1983 clients shows that the Medicaid expenditure per day of COP service in 1983 ($6.03) was 35 percent greater than in 1982 ($4.45). Greater use of hospital inpatient services for 1983 clients probably contributed to the higher daily costs.

The higher daily expenditures for 1983 sample clients may also have occurred because 1983 payment data was not received until October of 1984. (This allowed at least 9 months for claims to be submitted and paid.) The data for 1982 clients was received in July of 1983 which allowed only 6 months for claims to be submitted and paid. Higher expenditures in 1983 would also be expected because of inflation. Table 46 presents rate inflation factors for 1983 and illustrates the extent to which costs in 1983 would be expected to be higher in 1983 simply due to inflation.

TABLE 44
Medicaid Payments for 1983 Sample COP-Funded
Clients During the Time COP-Funded Services
Were Provided In 1983

	In Nursing Home When Assessed?			
Provider/Service	Yes (N = 6)	No (N = 195)	Total (N = 201)	Percent of Total
Hospital Outpatient	$199.76	$6,498.29	$6,698.05	6.0%
Hospital Inpatient	0	32,889.42	32,889.42	29.5%
Physician	90.32	10,119.77	10,210.09	9.2%
Pharmacy	255.60	11,903.66	12,159.26	10.9%
Home Health	0	12,911.14	12,911.14	11.6%
Nursing Home	979.75	15,926.82	16,906.57	15.2%
All Else	1,525.12	18,118.93	19,644.05	17.6%
Total	$3,050.55	$108,368.03	$111,418.58	100%

Note: Reported expenditures reflect 18,463 days of COP-funded services.

TABLE 45
Medicaid Payments Per Day During the Time COP-Funded Services Were Provided

	MA Funded Nursing Home Resident When Assessed?		
	Yes	No	Total
		1982 COP Clients	
Number of Clients	18 clients	180 clients	198 clients
MA Payments	$16,815.04	$66,069.94	$82,884.98
Days of COP Services	1,105 days	17,528 days	18,633 days
MA Payment Per COP Day	$15.22	$3.77	$4.45
MA Elig. During COP	17 clients	101 clients	118 clients
Days of MA Eligibility	827 days	8,683 days	9,510 days
MA Payment Per MA Day	$20.33	$7.61	$8.72
		1983 COP Clients	
Number of Clients	6 clients	195 clients	201 clients
MA Payments	$3,050.55	$108,368.03	$111,418.58
Days of COP Services	409 days	18,054 days	18,463 days
MA Payment Per COP Day	$7.46	$6.00	$6.03
MA Elig. During COP	6 clients	118	124
Days of MA Eligibility	409 days	NC	NC
MA Payment Per MA Day	$7.46	NC	NC

NC designates that the statistic listed was not calculated.

TABLE 46
Adjustment of 1982 Medicaid Costs to 1983 Equivalents

	Rate Inflation Factor[a]				
Provider	1st	2nd	Overall	1982 Payment	1983 Equivalent
Hospital	8.5	8.5	8.5	$17,577.09	$19,071.14
Physician	4.5	4.5	4.5	6,630.88	6,929.27
Pharmacy	4.5	4.5	4.5	12,142.00	12,688.39
Home Health	4.5	4.5	4.5	16,360.76	17,096.99
Nursing Home	5.6	3.0	4.3	20,734.85	21,626.45
All Else	4.5	4.5	4.5	9,439.40	9,864.17
Total				$82,884.98	$87,276.41

[a] The rate inflation factors reported do not account for when the higher rates actually went into effect during 1983. Two inflation factors are used because the state moved from a calender year to a fiscal year rate setting schedule in 1983. The first inflation factor reflects rates in effect from January through June of 1983. The second inflation factor reflects rates in effect from July through December of 1983.

Total Costs to Serve 1982 Clients

Information on the other costs associated with maintaining COP-funded clients in community settings was obtained from the county reports submitted on all 1982 COP-funded clients and on the sample of 1983 COP-funded clients. Table 47 presents the expenditures and income reported for 1982 COP-funded clients. Because all of the persons receiving COP-funded services had limited income and assets, it was assumed that all of the monthly income available to clients was being used to maintain them in community settings.

TABLE 47

Monthly Cost of Maintaining 1982 COP-Funded Clients in Community Settings

Source	Cases Reported	Missing Cases	Average[b]
Expenditures by Funding Source:			
COP[a]	198	0	$314.94
MTA[a]	197	1	65.46
Title III[a]	196	2	6.73
HUD-Section 8[a]	192	6	12.99
Medicaid[a]	198	0	135.28
Other Funding Sources[a]	195	3	6.72
Monthly Income Available to Client:			
SSI[a]	197	1	68.35
SSDI[a]	198	0	10.08
Food Stamps[a]	198	0	1.03
Salaries, Wages, etc.	198	0	8.07
Social Security	197	1	299.40
Pensions	198	0	31.90
Assets	198	0	5.47
Other Income	198	0	9.26
(Subtotal Private Income)	(197)	(1)	(354.10)
Total			$975.68
Total Public[a]			$621.58

[a] Items counted as public expenditures. Medicaid expenditures represent 30.4 days times the $4.45 daily cost shown in table 45.

[b] Total dollars expended (for reported cases) divided by total days of COP-funded services provided to reported cases.

Total Costs to Serve 1983 Clients

County reports of expenditures to maintain 1983 sample clients in community settings provided a detailed listing of the client income and public funding sources used to maintain clients in community settings. Counties also reported that 21 of the 201 sample clients contributed to the cost of the services they received from county social service/51 agencies. When the income sources for these clients were reviewed, it was learned that 14 of these clients received most or all of their income from social security or from other private income sources (such as wages, pensions, etc.). The contributions of these 14 clients, therefore, served to offset the public expenditures reported. Table 48 presents the total public and net public costs reported for 1983 sample clients. Table 49 estimates the state, federal and private share of these costs. It indicates that the state paid for approximately 59 percent of the public costs associated with maintaining COP clients in community settings.

TABLE 48

Reported Monthly Cost of Maintaining 1983 COP-Funded Clients in Community Settings

Source	Cases Reported	Missing Cases	Average Cost
Expenditures by Funding Source:			
COP[a]	201	0	$279.76
Low Income Energy Assistance[a]	198	3	2.24
Low Income Weatherization[a]	201	0	0.44
General Relief - Medical Services[a]	201	0	1.80
Disease Aids[a]	201	0	2.70
Social Service Block Grant, Supportive Home Care[a]	201	0	38.29
Other Social Services[a]	200	1	16.93
Elderly/Handicapped Trans (85.21 Money[a])	196	5	2.34
Elderly/Handicapped Trans (85.22 Money[a])	201	0	0.05
Title III-B Social Services[a]	200	1	2.28
Congregate Nutrition[a]	200	1	0.66
Title III-C-2 Home Delivered Meals[a]	201	0	3.80
Retired Senior Volunteer Program[a]	201	0	0.02
Respite Care[a]	200	1	1.32
Community Support Program[a]	200	1	3.02
Community Mental Health Block Grant[a]	200	1	2.00
Day Service/Treatment[a]	201	0	6.03
Other 51 Board Services[a]	201	0	28.20
DVR Rehab. Service[a]	200	1	0
Foster Care[a]	201	0	3.48
Recreation Program[a]	200	1	0
Milw. County Nsg. Services[a]	201	0	0.21
Public Health[a]	201	0	0.97
Hospice Service	200	1	0
Medicaid (Est.)[b,a]	201	0	183.31
HUD Section 8 Rent Subsidy[a]	196	5	5.78
Monthly Income Available to Client:			
SSI[a]	197	4	119.05
SSDI[a]	200	1	27.26
AFDC[a]	200	1	12.99
Other[a]	195	6	1.39
Food Stamps[a]	201	0	0.82
General Relief[a]	200	1	0.02
Veteran's Benefits[a]	201	0	17.19
Social Security	200	1	222.25
Other Private Income	199	2	14.32
Child Support	200	1	0.78
(Subtotal Private Income)	(199)	(2)	(237.35)
Total			$1,001.70
Total Public[a]			$764.35
Client Fees			3.75
Net Public			$760.60

[a] Counted as public expenditures.

[b] Medicaid expenditures represent 30.4 days times the $6.03 daily cost shown in table 45.

TABLE 49

Allocation of Reported Monthly Cost of Maintaining 1983 COP-Funded Clients in Community Settings to Various Parties

Source	Total Cost	Cost to Individuals	Cost to State	Cost to Federal Government	Cost to County	Cost to Other Public Units
1. Public Income						
SSI	$119.05		(32%) $38.10	(68%) $80.95		
SSDI	27.26			(100%) 27.26		
AFDC	12.99		(42%) 5.49	(58%) 7.50		
Food Stamps	0.82			(100%) 0.82		
General Relief	0.02		(6%) -		(94%) $.02	
Veteran's Benefits	17.19			(100%) 17.19		
Other Public[a]	1.39					$1.39
2. Private Income						
Social Security	222.25	(100%) $222.25				
Other Private	14.32	(100%) 14.32				
Child Support	0.78	(100%) 0.78				
3. Medicaid	183.31		(42%) 76.99	(58%) 106.32		
4. COP	279.76		(100%) 279.76			
5. Other Co. DSS						
(LIEAP) Low Income Energy	2.24			(100%) 2.24		
Low Income Weatherization	0.44			(100%) 0.44		
General Relief Payments for Medical Svcs.	1.80		(6%) 0.11		(94%) 1.69	
Chronic Disease Aids	2.70		(100%) 2.70			
Soc. Svcs. BG Sup. Home Care	38.29			(91%) 34.84	(9%) 3.45	
Other Soc. Svcs.[b]	16.93		(57%) 9.65	(34%) 5.76	(9%) 1.52	

Table 49 - continued

Source	Total Cost	Cost to Individuals	Cost to State	Cost to Federal Government	Cost to County	Cost to Other Public Units
6. Co. Aging Unit						
El & H. Transp (85.21)	2.34		(80%) 1.87		(20%) 0.47	
E/H Transp (85.22)	0.05		(10%) -	(70%) 0.04	(20%) 0.01	
Title III-B Soc. Svcs.	2.28			(100%) 2.28		
Cong. Nutrition	0.66		(35%) 0.23	(65%) 0.43		
Home Delivered Meals	3.80		(14%) 0.53	(86%) 3.27		
RSVP	0.02		(30%) -	(70%) 0.02		
7. 51 Board						
Respite Care	1.32		(91%) 1.20		(9%) 0.12	
CSP	3.02			(91%) 2.75	(9%) 0.27	
Mental Health Block Grant	2.00			(100%) 2.00		
Day Treatment/ Service[c]	6.03		(91%) 5.49		(9%) 0.54	
Other 51 Service[d]	28.20		(91%) 25.66		(9%) 2.54	
8. Miscellaneous						
Foster Care[c]	3.48		(91%) 3.17		(9%) 0.31	
Milw Co. Nsg.	0.21				(100%) 0.21	
Public Health	0.97					(100%) 0.97
HUD-Section 8	5.78			(100%) 5.78		
Total	$1,001.70	$237.35	$450.95	$299.89	$11.15	$2.36
Pct. of Total	100%	24%	45%	30%	1%	<1%
Pct. of Public Total	100%		59%	39%	2%	<1%
Total w/o Income	$ 585.63	0	$407.36	$166.17	$11.13	$0.97

[a] Reflects low-income housing, subsidized housing, city rent subsidy (funding source unknown).

[b] Ratios used assume these services were funded from the county basic allocation excluding earmarked funds and that the county puts in the required match.

Table 49 - continued

[c] Counties were instructed not to report Medicaid services here. The funding ratios used reflect these instructions.

[d] Assumes that 51 services were funded by the county basic allocation excluding earmarked funds.

[e] Funding ratios used reflect funding for adult foster care and foster care for children who are not eligible for federal foster care. Funding ratios for children eligible for federal foster care are 39% state and 52% federal.

Representativeness of 1983 Sample Data

To determine if the expenditures reported for sample clients were typical of those for other clients served in 1983, the average daily expenditure of COP funds for sample clients was compared to the average daily expenditure of COP funds for all of the 1983 COP funded clients included in the information data tape. COP expenditures for the total number of reported 1983 COP-funded cases were also categorized by whether the client first started to receive COP-funded services in 1982 or in 1983. (Because all of the sample cases first started to receive COP-funded services in 1983, it was expected that they would have expenditures similar to those for new clients.)

TABLE 50

Average COP-Funds Per Day

Client Type	# Reported	Missing	COP Funds Per Day[a]
Sample Clients	201	0	$ 9.20
New 1983 Clients	1390	10	$10.84
Continuing 1982 Clients	149	0	$12.36

[a] Average daily costs were computed by averaging daily costs for individual clients.

The analysis showed that daily COP expenditures for the sample cases were approximately 15 percent lower than for other persons starting to receive COP-funded services in 1983. This suggests that the reported costs slightly under-represent the total cost of maintaining COP-funded clients in community settings. Table 51 illustrates the pattern of expenditures that would be expected if sample cases had had similar costs as all new 1983 COP-funded clients. (These adjusted costs are presented for illustration only; they were not used in the comparison of community and institution costs.)

TABLE 51

Estimated Monthly Cost of Maintaining COP Clients
in Community Settings During 1983

Source	Reported Costs[a]	Adjusted Costs[c]
Private Income	$237.35	$ 272.95
Public Income	178.72	205.53
COP	279.76	321.72
Medicaid (Est.)[b]	183.31	183.31
Other Public Programs	122.56	140.94
Total	$1001.70	$1124.45
Total Public	$764.35	$ 851.50
Fees (Client Share)	$ 3.75	$ 4.31
Net Public	$760.60	$ 847.19

[a] Reported costs are taken from table 48.

[b] Actual expenditures for 1983 COP-funded clients taken from Medicaid client histories.

[c] Costs were adjusted because COP expenditures for sample clients were 15 percent lower than those for the total group of persons starting to receive COP-funded services in 1983.

FINDINGS REGARDING THE ALTERNATIVE COST OF NURSING HOME CARE

Longitudinal Analysis

This section analyzes the nursing home and community costs of persons who were Medicaid-funded nursing home residents when they were assessed. First, client Medicaid payments are presented for the time these persons resided in nursing homes. Then, Medicaid payments during the time these clients resided in community settings are added to the client income and agency expenditures reported by counties to generate a total cost for maintaining these persons in community settings. Table 58 summarizes the overall cost comparison for the COP-funded clients who were Medicaid-funded nursing home residents when they were assessed.

Only 18 of the 198 COP-funded clients in 1982 and only 6 of the 201 sample clients in 1983 were determined to be Medicaid-funded nursing home residents when they were assessed by COP. Over half of the persons who were Medicaid-funded nursing home residents before they received COP-funded services were in need of skilled nursing care. This was slightly higher than the incidence of skilled care patients in the total population of Medicaid-funded nursing home residents. (See table 52.)

TABLE 52

Nursing Levels of Care of Former Nursing Home Residents Served by COP Compared to Nursing Levels of Care of All Medicaid-Funded Nursing Home Residents

	1982			1983		
Care Level	MA Nsg. Home Pop. %	COP Clients #	COP Clients %	MA Nsg. Home Pop.[a] %	COP Clients #	COP Clients %
SNF	55.4%	11	64.7%	56.9%	3	75.0%
ICF-1	32.4%	2	11.8%	32.1%		
ICF-2	7.4%	1	5.9%	7.1%		
ICF-3	4.1%	3	17.6%	3.2%	1	25.0%
ICF-4	0.7%			0.7%		
Total	100%	17	100%	100%	4	100%
(Missing)		(1)			(2)	

[a] Source: Division of Health, Bureau of Health Statistics.

Medicaid Expenditures for Nursing Home Care

To get an overall picture of the Medicaid payment history of these persons when they were residing in nursing homes, Medicaid beneficiary histories were requested. Histories were requested for services provided from January 1, 1981 (for the 18 1982 clients) and from January 1, 1982 (for the 6 1983 sample clients). Because some of these persons did not start to receive COP-funded services until the latter part of 1982 (or 1983), in some cases more than one year of nursing home payment history was obtained.

The pre COP nursing home payment history analyzed for each client started with the first day of Medicaid-funded nursing home residence in 1981 (or 1982) and ended the day before the client started to receive COP-funded services in 1982 (or 1983). Table 53 presents the daily Medicaid costs for these persons during the time they resided in nursing homes. Tables 54 and 55, which illustrate the average payments for services obtained from various providers, show that only approximately 85 percent of the Medicaid costs associated with nursing home residency were for services provided by nursing homes.

TABLE 53

Pre-COP Medicaid Payments for COP Clients
Who Were in Nursing Homes When They Were Assessed

Statistic	1982	1983
Number of Clients	18 clients	6 clients
Number of Days of MA Funded Nsg. Home Care	6,083 days	3,074 days
Average Days Per Client	337.9 days	512.3 days
MA Payment	$275,849.85	$132,524.81
MA Payment Per Day	$45.35	$43.11
MA Payment Per Month	$1,378.64	$1,310.54

TABLE 54

Medicaid Payments for Pre-COP Nursing Home Care for 1982 COP Clients

Provider/Service	Average	Std. Dv.	Total	Pct.
Hospital Oupatient	$112.19	$187.28	$2,019.41	0.7%
Hospital Inpatient	201.77	790.56	3,631.84	1.3%
Physician	428.53	838.35	7,713.49	2.8%
Pharmacy	576.35	1,159.44	10,374.27	3.8%
Home Health[a]	176.41	388.27	3,175.46	1.2%
Nursing Home	13,033.23	8,915.88	234,598.21	85.0%
All Else	796.51	1,110.17	14,337.17	5.2%
Total[b]	$15,324.99	$9,288.01	$275,849.79	100%

[a] Home health agency services to clients in nursing homes included services such as physical therapy, medical supplies, and rehabilitation services.

[b] Reported expenditures are based on 18 clients and 6,083 days of Medicaid-funded nursing home residence. Individual values do not add to the reported total due to computer rounding.

TABLE 55

Medicaid Payments for Pre-COP Nursing Home Care for 1983 COP Clients

Provider/Service	Total	% of Total
Hospital Outpatient	$1,320.47	1.0%
Hospital Inpatient	5,782.99	4.4%
Physician	2,003.40	1.5%
Pharmacy	3,410.68	2.6%
Home Health	0	-
Nursing Home	113,525.35	85.6%
All Else	6,481.92	4.9%
Total	$132,524.81	100%

Reported expenditures are based on 6 clients and 3,074 days of Medicaid-funded nursing home care.

Expenditures for Community Care

Tables 56 and 57 illustrate the comparative costs associated with maintaining these clients in community settings.

TABLE 56

Community Costs for Former Nursing Home Residents Served by COP in 1982

Source	Cases Reported	Missing	Cost Per Month[a]
Expenditures by Funding Source			
COP[b]	18	0	$ 329.56
MTA[b]	18	0	39.33
Title III[b]	18	0	-0-
Medicaid[b]	18	0	462.60
HUD-Section 8[b]	17	1	-0-
Other[b]	17	1	5.03
Monthly Income Available to Client			
SSI[b]	18	0	145.97
SSDI[b]	18	0	-0-
Food Stamps[b]	18	0	5.83
Salaries, Wages	18	0	233.53
Social Security	18	0	60.98
Pensions	18	0	-0-
Assets	18	0	-0-
Other Income	18	0	-0-
(Subtotal Private Income)	(18)	(0)	(294.51)
Total			$1,282.83
Total Public			$ 988.32

[a] Reported costs are based on 1105 days of COP-funded services. For program expenditures, monthly costs represent 30.4 (the total expended/1105). The monthly income reported represents an average of the monthly incomes reported for individual clients. Medicaid costs are based on data taken from client Medicaid payment histories for 17 of the 18 clients. One client lost her MA eligibility when she left the nursing home. "Other" program expenditures are based on average daily expenditures for the 17 cases reported.

[b] Counted as public expenditures.

TABLE 57

Community Costs for Former Nursing Home Residents Served by COP in 1983

Source	Cases Reported	Nursing	Cost Per Month[b]
Expenditures by Funding Source			
COP[a]	6	0	$416.36
Co. Social Service[a]	6	0	66.67
51 Board[a]	6	0	180.33
Medicaid[a]	6	0	226.78
Monthly Income Available to Client			
SSI[a]	6	0	96.33
SSDI[a]	6	0	96.17
Social Security	6	0	141.40
Other Private Income	6	0	46.85
(Subtotal Private Income)	(6)	(0)	(188.25)
Total			1,270.89
Total Public			1,082.64
Client Fees	6	0	-0-
Net Public			$1,082.64

[a] Counted as public income.

[b] Reported costs are based on 409 days of COP-funded services.

Comparison of Expenditures for Nursing Home and Community Care

Table 58 summarizes all the costs involved in maintaining these persons in nursing homes and in community settings. It suggests that the public expenditures for nursing home care were higher than the public expenditures for community care, but that state expenditures for nursing home care were approximately the same (1982) or less (1983) than the state expenditures for community services.

In addition to Medicaid payments, the costs of nursing home care presented in table 58 include private funds and SSI. The private funds listed are shown as client contributions to the cost of nursing home care and as reserved income. In 1982, persons receiving Medicaid funded nursing home care were required to contribute all but $45.00 of their private income to the cost of nursing home care. In July of 1983, the amount of reserved income was reduced to $42.50. Persons receiving SSI were given a personal allowance of $25.00 a month in 1982 and in 1983.[1] Approximately 16 percent[2] of the Medicaid-funded nursing home residents in Wisconsin receive SSI; thus, table 58 shows an average SSI payment of $4.00 per month. The state share of Medicaid is shown as 42 percent in 1983 because the higher rate (of 43 percent) did not start until October 1, 1983.[3]

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[1] Other SSI payments are discontinued when a person becomes a Medicaid-funded nursing home resident.

[2] Wisconsin Department of Health and Social Services, Division of Community Services, SSI Study Final Report, July 1984.

[3] The average state share of MA for CY 1983, therefore, was 42.27 percent.

TABLE 58
Allocation of Monthly Cost for Nursing Home and Community Care for COP Clients Who Were in Nursing Homes When Assessed

Source	1982 (18 clients)				1983 (6 clients)			
	Total	State	Federal	Other	Total	State	Federal	Other
				NURSING HOME RESIDENCE				
Medicaid	$1378.64	(42%) $579.03	(58%) $799.61		$1310.54	(42%) $550.43	(58%) $760.11	
Client Contrib.[a] (est)	256.71			(100%) 256.71	151.50			(100%) 151.50
Reserved Income[b] (est)	37.80			(100%) 37.80	36.75			(100%) 36.75
SSI Personal Allow.[c] (est)	4.00		(100%) 4.00		4.00		(100%) 4.00	
Total	$1677.15	$579.03	$803.61	$294.51	$1502.79	$550.43	$764.11	$188.25
				RESIDENCE IN THE COMMUNITY				
Medicaid	462.60	(42%) 194.29	(58%) 268.31	--	226.78	(42%) 95.25	(58%) 131.53	
COP	329.56	(100%) 329.56			416.36	(100%) 416.36		
MTA	39.33[d]	(58%) 22.81	(35%) 13.77	(7%) 2.75				
Other	5.03[d]	(58%) 2.92	(35%) 1.76	(7%) 0.35				
Co. Soc. Services (not sup. home care)					66.67	(57%) 38.00	(34%) 22.67	(9%) 6.00
51 Board (not day treatment)					180.33	(91%) 164.10		(9%) 16.23
SSI	145.97	(25%) 36.49	(75%) 109.48		96.33	(32%) 30.83	(68%) 65.50	
SSDI	0				96.17		(100%) 96.17	
Food Stamps	5.83		(100%) 5.83		0			
Private Income	294.51			(100%) 294.51	188.25			(100%) 188.25
Total	$1282.83	586.07	399.15	$297.61	$1270.89	744.54	315.87	210.48

[a] The client contribution represents the client private income (shown in tables 56 and 57) minus the reserved income.

[b] The amount of reserved income was calculated by assuming 84% of the population had income and by using the limits for reserved income in 1982 ($45.00) and $43.75--the average of the two limits in effect in 1983.

[c] Assumes that 16% of the population would have been eligible for the $25.00 SSI personal allowance.

[d] Funding ratios assume these services were funded from the county basic allocation including earmarked funds. In 1982, the county required match was 7%.

Projected Cost Analysis

This section estimates the cost of nursing home care based on Medicaid rates for nursing homes in COP counties.

The cost of Medicaid-funded nursing home care is often represented by Medicaid rates used to reimburse nursing homes. As the analysis in the preceeding section illustrates, however, approximately 15 percent of the cost of Medicaid-funded services received by nursing home residents is due to services not provided by nursing homes. Nursing home rates alone, therefore, understate the total Medicaid payment associated with residency in a nursing home.[1]

Because nursing home rates vary considerably by region and by type of facility, to represent the cost of nursing home care, rates actually in effect in nursing homes in the 8 COP counties in 1982 and in the 28 COP counties in 1983 were analyzed. Rates for intermediate care facilities for the retarded (ICF-MR's) were tabulated separately because they tend to be higher than rates for other nursing homes. Table 59 presents the rates that were analyzed. In table 60, these rates are weighted by the numbers of 1982 and 1983 COP clients estimated to be at each of the nursing care levels.[2] The average (weighted) rate is then increased by 15 percent to estimate the total cost of Medicaid-funded nursing home residence. Finally, in table 62, the rates are further adjusted to account for the number of COP clients who might have entered ICF-MR's. The total cost of nursing home care (projected on the basis of these adjusted rates) is presented in tables 63 and 64.

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[1] Previous studies have also noted the extent to which the cost of nursing home care exceeds the cost that would be expected on the basis of nursing home rates alone. In 1977, the Medicaid Management Study team reported that approximately 10 percent of the cost of nursing home care was attributed to ancillary services. (Medicaid Management Study Team, Progress Report Nursing Home Reimbursement, Wisconsin Department of Health and Social Services, January 1977.)

[2] The number of clients at each care level is based on the percentages shown in table 17.

Nursing Home Rates in COP Counties

TABLE 59

Daily Medicaid Nursing Home Rates in COP Counties

Type of Rate	1982 COP Co.[b] # of Rates	1982 COP Co.[b] Average Rate	1983 COP Co.[c] # of Rates	1983 COP Co.[c] Average Rate
ICF-MR[a]	13	$68.22	92	$53.11
SNF	56	$43.66	391	$46.35
ICF-1 & ICF-2	63	$36.47	458	$38.65
ICF-3	63	$26.36	468	$27.65
ICF-4	64	$22.89	473	$23.00

[a] ICF-MR rates do not vary by nursing care levels. The ICF-MR rates reported are based on 6 ICF-MR facilities in 1982 and 15 ICF-MR facilities in 1983.

[b] 1982 SNF through ICF-4 rates are based on 64 nursing homes in 8 COP counties.

[c] 1983 SNF through ICF-4 rates are based on 243 nursing homes in 28 COP counties.

TABLE 60

Estimated Medicaid Cost of Nursing Home Care for COP Clients: Rate Data From COP Counties

Facility or Care Level	1982 COP Counties MA Daily Rate	1982 COP Counties # of COP Clients	1983 COP Counties MA Daily Rate	1983 COP Counties # of COP Clients
ICF-MR	$68.22		$53.11	
SNF	$43.66	69	$46.35	651
ICF-1 & ICF-2	$36.47	89	$38.65	682
ICF-3	$26.36	32	$27.65	201
ICF-4	$22.89	8	$23.00	15
Weighted Average	$36.79	198	$40.31	1,549
Adjusted Total[a]	$42.31		$46.36	
Monthly Cost	$1,286.22		$1,409.34	

[a] The adjusted total represents .15 (weighted average) + weighted average.

Adjustment for ICF-MR Rates

In 1983, approximately 8.5 percent of the persons served by COP were mentally retarded.[1] It is not known how many of the persons served by COP in 1982 were mentally retarded, but the lessor percent of persons served in 1982 who were developmentally disabled suggests that a smaller percentage -- possibly 5 percent -- were mentally retarded. (In 1982, 6.7 percent of the persons served by COP were developmentally disabled, and in 1983, 10.4 percent of the persons served were developmentally disabled.)

Because some of the persons served by COP were mentally retarded it is possible that if they had entered nursing homes, they might have entered intermediate care facilities for the mentally retarded (ICF-MR's). Overall, approximately 58 percent of the developmentally disabled persons residing in nursing homes in Wisconsin reside in ICF-MR's, whereas at least 73 percent of these persons are mentally retarded.[2]

This suggests that if the mentally retarded persons who were served by COP had entered nursing homes, most of them (approximately 79 percent) would have entered ICF-MR's.[3] Table 61 illustrates the number of COP-funded clients who would have entered ICF-MR's on the basis of these assumptions.

TABLE 61

Estimated Number of COP Clients Who Might have Entered ICF-MRs

Incidence	1982	1983
MR COP-Funded Clients	5% of 198 = 10	8.5% of 1,549 = 132
MR COP-Funded Clients Entering ICF-MR's	79% of 10 = 8	79% of 132 = 104

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[1] In 1983, information on specific conditions was reported for 1,500 of 1,549 COP-funded clients.

[2] The percent of DD persons who are mentally retarded is estimated based on 1982 Annual Survey of Nursing Home data from nursing homes and the state DD centers.

[3] 58/73 = 0.79

Table 62 illustrates the comparative cost of nursing home care accounting for the estimated number of developmentally disabled persons who would have entered ICF-MRs.

TABLE 62

Estimated Cost of Nursing Home Care Accounting for Incidence of Persons Who May Have Entered ICF-MRs

Facility or Care Level	1982 MA Daily Rate[a]	# COP Clients	% COP Clients	1983 MA Daily Rate[a]	# COP Clients	% COP Clients
ICF-MR	$68.22	8		$53.11	104	
SNF	43.66	66	35%	46.35	607	42%
ICF-1 & ICF-2	36.47	86	45%	38.65	636	44%
ICF-3	26.36	30	16%	27.65	188	13%
ICF-4	22.89	8	4%	23.00	14	1%
Total		198	100%		1549	100%
Weighed Average	$38.07			$41.16		
Adjusted Total	$43.78			$47.33		
Monthly Cost	$1330.93			$1438.83		

[a] Rates reflect rates in COP counties only.

Total Cost of Nursing Home Care

In addition to Medicaid, other funding sources used to maintain clients in nursing homes include private funds and SSI. Persons receiving Medicaid-funded nursing home care are required to contribute all but the first $45.00 of their income from social security and pensions to the cost of their care. If they are eligible for SSI, they receive a monthly personal allowance of $25.00. This allowance is totally federally funded.[1] Tables 63 and 64, which illustrate the allocation of nursing home costs to individuals and to state and federal governments, shows that the state would have been responsible for 42 percent of the public cost of nursing home care for 1982 COP-funded clients and 1983 COP-funded sample clients if they had entered nursing homes as Medicaid-funded residents.[2]

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[1] Other SSI (income) payments are discontinued when a person becomes a Medicaid-funded nursing home resident. Thus there is no SSI offset to Medicaid payments.

[2] The state share of MA increased from 42 percent to 43 percent on October 1, 1983. For CY 1983 as a whole, therefore, the state share averaged 42.27 percent.

TABLE 63

Allocation of Monthly Cost of Nursing Home Care
(1982 Cost Data)

Source	Total	Cost To Individuals	Cost To State	Cost To Federal Govt.	Net Public
Client Contribution[a]	$316.20	(100%) $316.20			
Reserved Client Income[b]	37.80	(100%) 37.80			
Medicaid Pymts[c]	1014.73		(42%) $426.19	(58%) $588.54	$1014.73
SSI Personal Allowance[d]	4.00			(100%) 4.00	4.00
Total	$1372.73	$354.00	$426.19	$592.54	$1018.73
Pct of Total	100%	26%	31%	43%	
Pct of Public	100%		42%	58%	

[a] Represents the sum of the private income ($354.10) shown in table 47 minus reserved client income.

[b] Reserved client income was calculated assuming 84% of the population would have income and that $45.00 would be reserved for their personal use.

[c] Represents the $1330.93 Medicaid payment shown in table 62 minus the client contributions.

[d] Assumes that 16% of the population would be eligible for the $25.00 monthly SSI personal allowance.

TABLE 64
Allocation of Monthly Cost of Nursing Home Care
(1983 Cost Data)

Source	Total	Cost To Individuals	Cost To State	Cost To Federal Government	Net Public
Client Contribution[a]	$236.20	(100%) $236.20			
Reserved Client Income[b]	36.75	(100%) 36.75			
Medicaid Payments[c]	1202.63		(42%) $505.10	(58%) $697.53	1202.63
SSI Personal Allowance[d]	4.00			(100%) 4.00	4.00
Total	$1479.58	$272.95	$505.10	$701.53	1206.63
Pct. of Total	100%	(19%)	(34%)	(47%)	
Pct. of Public	100%		(42%)	(58%)	

[a] Represents the sum of the private income ($272.95) shown in table 51 minus reserved client income.

[b] Reserved client income was calculated assuming 84% of the population would have income and that $43.75 would be reserved on average for CY 1983.

[c] Represents the $1438.83 Medicaid payment shown in table 62 minus the client contribution.

[d] Assumes that 16% of the population would be eligible for the $25.00 monthly SSI personal allowance.

Comparison Group Analysis

The section presents the costs associated with maintaining comparison group persons (persons selected to be similar to COP clients) in nursing homes during 1983. The costs reported in this section reflect Medicaid payments for 211 of the 221 comparison group nursing home residents identified from Division of Health Bureau of Quality Compliance Notice to Provider Inspection of Care Reports.[1] E.D.S. did not show any Medicaid claims for 6 of the comparison group nursing home residents for whom claims were requested.[2] Also, four other comparison group nursing home residents did have Medicaid claims but no nursing home claims.[3]

Medicaid Payments

Table 65 presents the Medicaid expenditures reported for the comparison group nursing home residents for whom cost information was obtained.[4]

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[1] Methods used to select sample cases are described in the introduction to this chapter.

[2] Medicaid numbers for these 6 cases did not even appear on the tape that was received from E.D.S. It is possible, therefore, that these persons did have Medicaid payments. These 6 excluded cases included 1 ICF-1 resident from Northern Center, 3 SNF residents (from Milwaukee, Dane, and Walworth Counties), 1 ICF-1 resident (from Outagamie County), and 1 ICF-3 resident (from Milwaukee County).

[3] The four sample cases who had Medicaid claims (but no nursing home claims) were excluded from the study. They included 2 SNF residents (from Portage and Milwaukee counties), 1 ICF-2 resident (from Dane County), and 1 ICF-3 resident (from Waupaca County).

[4] Care levels for the 211 comparison group clients for whom cost information was obtained were SNF (43%), ICF-1 (34%), ICF-2 (7%), ICF-3 (13%), and ICF-4 (3%). This was very similar to the care levels of the sample of COP-funded cases. (See table 17.)

TABLE 65
Medicaid Payments for Comparison Group Nursing Home Residents in 1983

Provider/Service	Total	% of Total
Hospital Outpatient	$10,304.43	0.4%
Hospital Inpatient	29,483.47	1.0%
Physician	16,737.75	0.6%
Pharmacy	74,668.87	2.6%
Home Health	---	
Nursing Home	2,630,527.12	93.2%
All Else	61,489.32	2.2%
Total	$2,823,210.96	100%

Table values are based on 211 persons and 67,723 days of Medicaid-funded nursing home residence.

Total Cost of Nursing Home Care

As table 66 illustrates, the monthly state cost suggested by this data ($532.30) was quite similar to that projected by analyzing 1983 nursing home rates ($505.10). (See table 64.)

TABLE 66
Allocation of Monthly Cost of Nursing Home Care For Comparison Group Nursing Home Residents in 1983

Source	Total	Cost To Individuals	Cost To State	Cost To Federal Govt.	Total Public
Reserved Client Income[a]	$36.75	(100%) $36.75			
Medicaid[b]	1267.38		(42%) $532.30	(58%) $735.08	$1267.38
SSI Personal Allowance[c]	4.00			(100%) 4.00	4.00
Total[d]	$1308.13	$36.75	$532.30	$739.08	$1271.38
Pct. of Public	(100%)		(42%)	(58%)	

[a] Assumes that 84% of the comparison group clients had income and that $43.75 would be reserved, on average, for CY 1983.

[b] Represents 30.4 x (the total MA payment reported in table 65 divided by 67,723 days).

[c] Assumes that 16% of the population would be eligible for the $25.00 SSI personal allowance.

[d] The total does not include client contributions to the cost of nursing home care. No information was available to estimate the amount of money contributed by clients.

SUMMARY OF COST ANALYSES

Data Presented

Table 67 summarizes the information obtained on the cost of community and nursing home care from all of the foregoing analyses. Part A of table 67 shows the data on community costs based on information actually reported by counties as well as that abstracted from client Medicaid histories. In part B of table 67, the data obtained on sample 1983 COP-funded clients is adjusted to account for differences between the COP expenditures reported for the 201 sample cases and the total population of persons starting to receive COP-funded services in 1983. Part C of table 67 presents information obtained on the small number of COP-funded clients who were in nursing homes when they were assessed. (This information summarizes data presented in the section, longitudinal analysis.) Part D summarizes the Medicaid expenditures to maintain COP clients in community settings. (Medicaid expenditures are also included in the costs shown in parts A-C of table 67.) The information presented in parts A-C of table 67 is taken from the section on the total cost of community care.

Parts E, F and G of table 67 present the information obtained on the cost of nursing home care. Part E reflects the costs of nursing home care based on the few clients who were in nursing homes before they started to receive COP-funded services.

Part F presents the estimated cost of nursing home care based on Medicaid nursing home rates. (Rate information presented is taken from the section entitled projected cost analysis.)

Part G presents the estimated cost of nursing home care based on the expenditures reported for the comparison group of Medicaid-funded nursing home residents in 1983. (This information is taken from the section entitled comparison group analysis.)

TABLE 67

Summary of Cost Analyses

Cost Reported	1982 Clients (198 Clients)		1983 Clients (201 Sample Clients)	
	Daily	Monthly	Daily	Monthly
I. Community Costs:				
A. Reported Data				
Total Cost	$32.09	$975.68 (Table 47)	$32.95	$1001.70 (Table 48)
Total Private Cost	$11.65	$354.10	$7.80	$237.35
Total Public Cost	$20.45	$621.58 (Table 47)	$25.14	$764.35 (Table 48)
Client Fees	Not Reported	Not Reported	$0.12	$3.75 (Table 48)
Net Public Cost	(Because Client Fees Unknown Cannot be Determined)		$25.02	$760.60 (Table 48)
COP	$10.36	$314.94 (Table 47)	$9.20	$279.76 (Table 48)
State Share of Net Public	Not Reported	Not Reported	$14.76	$448.75 (Assumed to be 59% based on Table 49)
B. Estimated Costs Derived By Adjusting Reported Data for Differences Between Sample Cases and Total Population				
Total Cost	Not Applicable. 1982 Data was Reported on All Persons Receiving COP-Funded Services.		$36.99	$1124.45 (Table 51)
Total Public			$28.00	$851.50 (Table 51)
Client Fees			$0.14	$4.31 (Table 51)
Net Public			$27.87	$847.19 (Table 51)
State Share of Net Public			$16.44	$499.84 (Table 51) (@ 59%)

Table 67 - continued

	1982 Clients (198 Clients)		1983 Clients (201 Sample Clients)	
Community Costs	Daily	Monthly	Daily	Monthly
C. Community Costs to Serve Clients Who Were in Nursing Homes When Assessed				
Total Cost	$42.20	$1,282.83 (Table 56)	$41.80	$1,270.89 (Table 57)
Client Fees	Not Reported	Not Reported	$0	$0 (Table 57)
State Share of Total	$19.28	$586.07 (Table 58)	$24.49	$744.54 (Table 58)
D. MA Data				
MA from MA Histories	$15.22 (Table 45)	$462.60	$7.46 (Table 45)	$226.78
II. Nursing Home Costs:				
E. COP Clients Who Were in Nursing Homes When Assessed				
Total Cost	$55.17	$1,677.15	$49.43	$1,502.79
Client Contribution	$8.44	$256.71	$4.98	$151.50
State Share of Total	$19.05	$579.03 (Table 58)	$18.10	$550.43 (Table 58)
F. Nursing Home Rates				
Total Cost	$45.16	$1,372.73	$48.67	$1,479.58
Client Contribution	$10.40	$316.20	$7.77	$236.20
Net Public	$33.51	$1,018.73	$39.69	$1,206.63
State Share of Net Public	$14.02	$426.19 (Table 63)	$16.62	$505.10 (Table 64)
G. Comparison Group				
Total Public	Not Applicable. No Comparison Group Analysis Was Done For 1982.		$41.82	$1,271.38
State Share of Public			$17.50	$532.30 (Table 66)

Note: Table values do not include case plan and assessment costs.

Total State Costs

The preceding analysis suggests that the per person state cost associated with COP may be slightly less than the state cost of nursing home care.[1] It is possible, however, that the total state costs associated with COP may be nearly equivalent to or more than those that would have occurred without the program. Factors which need to be considered in judging the overall fiscal effect of COP include:

- The extent to which the program served persons who would not have entered nursing homes;

- Whether the program served persons who, in addition to not being likely to enter nursing homes, would not otherwise have obtained publicly funded income or social services;

- The ratio of Medicaid-eligible to other persons served; and

- The costs associated with COP assessments and case plans.

Information obtained on the clients served in 1983 suggests that approximately 62 percent of the persons served were Medicaid-eligible during the time they received COP-funded services, but that at least 20 percent (and possibly 32 percent) of the persons served were not at risk of entering a nursing home in the near future. It is not known how many of the clients who received COP-funded services were "new" clients for county social service/51 agencies or if any "new" clients that were served would not have otherwise started to receive publicly-funded income or social services.

To estimate the overall cost or savings to the state generated by COP, the savings generated by serving Medicaid-eligible persons who would have entered nursing homes were compared to the costs of serving persons who would not have entered nursing homes. Two comparisons are presented -- one in which it is assumed that the COP program did not "discover" new clients, but that all of the persons served would have received publicly funded income or social services if the COP program had not been developed. In this model only the COP service/assessment/case plan dollars used to serve persons who would not have entered nursing homes were considered additional costs -- that is, expenditures that would not otherwise have occurred. In the second model it is assumed that COP did "discover" new clients. In this model, all of the non-income related public dollars used to serve persons who would not have entered nursing homes are counted as additional expenditures. (That is, this second model assumes that the public income provided to persons is a cost that would have occurred with, or without, COP.) In both models, clients who were not Medicaid-eligible but who would have entered nursing homes are considered on both sides of the cost comparison. The COP dollars (model 1) or the total non-income related public dollars (model 2) used to serve them for the first 3 1/2 months are considered costs. In the next 8 1/2 months, the per person savings generated by the difference between the cost of nursing home care and COP are considered savings.[1]

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[1] See underlined figures in table 67.

The following formula illustrates the overall effect of serving 100 persons for 3 years if 62 percent of them are eligible for Medicaid when they start to receive COP services and 20 percent of them would not have entered nursing homes if they had not received COP services. The annual state cost of nursing home care is set at $6,226.90. This is based on averaging the daily rates obtained from the analyses of nursing home rates and actual expenditures for comparison group Medicaid-funded nursing home residents.

The annual state cost of COP is set at $5,659.40 for the first year and at $5387.40 for each of the next 2 years. This is based on $63 for an assessment, $209 for a case plan, and $14.76 a day service costs for 365 days. Assessment and case plan costs are only counted in the first year.[2] COP expenditures to serve persons who would not enter nursing homes are set at $3,630.00 for the first year and at $3,358.00 for each of the next 2 years. This is based on $63 per assessment, $209 per case plan and $9.20 a day service costs (COP funds only) for 365 days. All non-income related state expenditures to serve persons who would not enter nursing homes are set at $5,163.00 for the first year and at $4,891.00 for each of the next two years. This is based on $63 for an assessment, $209 for a case plan and $13.40 non-income related state expenditures per day for 365 days.[3] (Again, assessment and case plan costs are only counted in the first year.) Both analyses suggest that COP leads to increased costs to the state.

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[1] Using 3 1/2 and 8 1/2 months respectively assumes that the average client would have become MA eligible 3 1/2 months after he or she entered a nursing home.

[2] It should be noted that COP assessment and case plan costs are slightly understated because some clients receive multiple assessments and case plans during the first year they are served in COP.

[3] Non-income related state expenditures were set at $407.36 per month ($13.40 daily) because the data in table 49 shows the state paying for $407.36 (70 percent) of the total $585.63 non-income related expenses.

State Costs

Nursing Home

($16.62 + $17.50)/2 = $17.06
365($17.06) = $6,226.90
State share of nursing home cost

Community

COP Plus Other State Costs
$63 Assessment
$209 Case Plan
365($14.76) = $5387.40 services
$5659.40 Total State Cost for Community Services

COP Only
$63 Assessment
$209 Case Plan
365 ($9.20) = $3358.00 services
$3630.00 COP State Cost for Community Services

COP & Other (Non-Income Related) State Costs:
$63 Assessment
$209 Case Plan
365($13.40) = $4891.00
$5163.00

$6226.90
-5659.40
$567.50 State savings first year (COP vs. nursing homes)

$6226.90
-5387.40
$839.50 State savings after first year (COP vs. nursing home)

1. State Share of Public Costs
Model 1 Only the COP cost associated with serving persons who would not enter nursing homes are additional costs.

Savings (N = 80)	Cost (N = 20)
FIRST YEAR	
62% MA eligible = 50 persons 50($567.50) + 30(8.5/12 $567.50) = $40,434.38	30(3.5/12 $3630.00) + 20($3630.00) = $104,362.50
SECOND AND THIRD YEARS	
2(80($839.50)) = $134,320.00	2(20($3358.00)) = $134,320.00
TOTAL FOR THREE YEARS	
$174,754.38	$238,682.50

Model 2 All non-income related state costs associated with serving persons who would not enter nursing homes are additional costs.

Savings (N = 80)	Cost (N = 20)
FIRST YEAR	
The savings for model 2 are the same as for model 1.	30(3.5/12 $5163.00) + 20($5163.00) = $148,436.25
SECOND AND THIRD YEARS	
	2(20($4891.00)) = $195,640.00
TOTAL FOR THREE YEARS	
$174,754.38	$344,076.25

All Public Costs

A different pattern appears if all public costs are considered. In this case, COP does not appear to generate additional costs. If the same assumptions used in the preceding example are used, the results suggest that COP saves money--even if it draws new clients into the service delivery system.

All Public Costs

Nursing Home

($39.69 + $41.82)/2 = $40.76
365($40.76) = $14,877.40
Total Public Cost of Nursing Home Care

Community

COP Plus Other Public Costs
$63 Assessment
$209 Case Plan
365($25.02 net) = $9,132.30 services
$ 9,404.30 Net Public Cost for Community Services

COP only
$ 63 Assessment
$209 Case Plan
365($9.20) = $3,358.00 services
$3630.00 COP state cost (also the total public cost)

Non-Income Related Public Costs:[1]
$ 63 Assessment
$209 Case Plan
365 ($19.26) = $7,029.90
$7,301.90

$14,877.40
9,404.30
$ 5,473.10 Public savings first year (COP vs. nursing home)

$14,877.40
9,132.30
$ 5,745.10 Public savings after first year (COP vs. nursing home)

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[1] Non-income related public costs were set at 100 percent of the $585.63 expenditure shown in table 49.

2. All Public Costs

Model 1 Only the COP cost associated with serving persons who would not enter nursing homes are additional costs.

Savings (N = 80)	Cost (N = 20)
FIRST YEAR	
62% MA eligible = 50 persons 50($5473.10) + 30(8.5/12 $5473.10) = $389,958.38	30(3.5/12 $3630.00) + 20($3630.00) = $104,362.50
SECOND AND THIRD YEARS	
2(80($5745.10)) = $919,216.00	2(20($3358.00)) = $134,320.00
TOTAL FOR THREE YEARS	
$1,309,174.38	$238,682.50

Model 2 All non-income related public costs associated with serving persons who would not enter nursing homes are additional costs.

Savings (N = 80)	Cost (N = 20)
FIRST YEAR	
The savings for model 2 are the same as for model 1	30(3.5/12 $7,301.90) + 20($7,301.90) = $209,929.63
SECOND AND THIRD YEARS	
The savings for model 2 are the as for model 1	2(20($7,029.90)) = $281,196.00
TOTAL FOR THREE YEARS	
$1,309,174.38	$491,125.63

Conclusions

Overall, therefore, whether COP is cost effective depends upon who pays the price. For the state it appears that when the program serves persons who wouldn't have entered nursing homes and who are not eligible for Medicaid, the costs offset the savings. All public payors considered as a group, however, realize a savings. Savings are generated in total public dollars even if the program serves persons who would not have entered nursing homes, persons not eligible for Medicaid, and persons who would not have otherwise received publicly funded programs. It is clear that increasing efforts of program managers to target program services to persons who would otherwise enter nursing homes will generate a more favorable ratio of savings to cost. It is also clear that the unfavorable cost/savings ratio for the state is, in large part, the result of the current state/federal funding ratios for long-term support programs. These ratios tend to encourage institutional rather than community based care. Finally, it should be noted that the data presented on the costs of nursing home and community care are estimates based on available data. Average daily costs were found to be highly variable, and, in some cases, the differences between nursing home and community costs were found to be relatively small. It is possible, therefore, that the actual differences between nursing home and community care through the COP program may be less than indicated, or that the direction of the differences might not agree with the findings presented.

VI. DO COP SERVICES REPLACE SERVICES THAT CLIENTS WOULD OTHERWISE RECEIVE (AT NO PUBLIC EXPENSE) FROM FRIENDS, NEIGHBORS, RELATIVES, OR VOLUNTEERS?

CONCLUSIONS

The evaluation found that the COP program does not lead to a decline in the services provided by friends, neighbors, or relatives (natural support services). Information obtained on the natural support services being provided to COP clients showed that:

- Almost all (87 percent) of the 1983 COP-funded sample clients were receiving services from natural supports during the time they were receiving COP-funded services. In comparison, data analyzed on 1982 COP-funded clients showed that 90 percent of these persons were receiving natural support services at the same time they were receiving COP-funded services.

- The number of persons receiving natural support services increased slightly with COP participation. Before they started to receive COP-funded services, case managers reported that 84 percent of the 1983 sample clients were receiving natural support services. Eighty-seven (87) percent of these clients reportedly received natural support services during the time they received COP-funded services.

- COP participation did not appear to be associated with any marked shift from unpaid to paid natural support services. Prior to receiving COP-funded services, case managers reported that 53 of the 201 1983 sample COP-funded clients were receiving some services from friends, neighbors, relatives or volunteers who were paid to provide these services. (Almost all of these clients were also receiving natural support services from persons who were not paid to provide these services.) During the time they received COP-funded services, 64 of the 1983 sample COP-funded clients received some natural support services from persons who were paid to provide these services.

- COP participation also did not appear to lead to any decline in the amount of natural support services provided to persons. Case managers reported that 84 percent of the 1983 sample COP-funded clients received as much or more services from natural supports during COP as they had been receiving previously.

- The major barrier to increasing the amount of natural support services provided to COP clients was the ability of caregivers to provide care. In three-fourths of the cases in which 1983 sample clients received less service from natural supports, one of the reasons why this occurred was because caregivers were physically or mentally no longer able to provide care. This suggests that, in most cases, the decrease in natural supports might have occurred even in the absence of COP services, rather than COP services leading to a reduction in the amount of natural support services.

- In some cases, COP case managers' efforts helped to increase the amount of natural support services provided to clients. In 47 percent of the cases in which 1983 sample clients received more natural support services, one of the reasons this occurred was because county COP staff encouraged others to assist the client.

- COP case managers, however, tended to underestimate the number of instances in which natural support services could be increased. Whereas case managers felt that only 23 of the 1983 sample cases could receive more natural support services, 36 of the sample clients actually did receive more natural support services.

- When COP case managers did feel that natural support services could be increased for a client, this often was the case. Fourteen (14) of the 23 clients case managers felt could receive more natural support services did receive more natural support services.

- Family members (rather than friends, neighbors or volunteers) were the primary source of natural support services for 1983 sample clients. Adult children and other relatives were the most frequently reported sources of natural support services for 1983 sample clients. The 1982 evaluation also found that adult children and other family members were most likely to provide natural support services.

- Family members also were providing more hours of assistance per month, on average, and providing assistance in more areas of daily living, than friends, neighbors or volunteers. In particular, the spouses of COP clients who were married were providing extensive assistance - approximately 17 hours a day - to COP clients.[1]

- The percentage of cases in which 1983 sample COP clients were receiving assistance from natural supports, and the average number of hours of assistance provided, varied somewhat depending on the type of assistance. Personal care and household care were provided in more cases than other forms of care, while natural supports spent more hours per month, on average, providing personal care and supervision, than in providing other types of care. The 1982 evaluation also found that housekeeping and personal care were the services most often provided by natural supports.

- Help from natural supports comes primarily in the form of services provided; only 18 percent of the 1983 sample clients receiving natural support services were receiving direct financial assistance from natural supports.

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[1] Only 20 percent of the sample clients were married and 16 percent of the sample clients were receiving services from a spouse.

METHODS

Two sources of information were used to determine if the community services funded by COP replaced services clients had previously been receiving from natural supports. First, case managers of the 201 1983 sample clients were asked to compare the natural support services received by COP clients when they were receiving COP-funded services to the natural support services that clients had been receiving prior to the COP assessment. Second, the persons counties identified as considering nursing home care for COP clients were asked if the amount of natural support services provided to clients during the time they received COP-funded services was more, less, or about the same as the amount of natural support services being provided before COP-funded services were provided. The persons counties identified as considering nursing home care for COP clients were also asked to describe the type of natural support services received by clients before they received COP-funded services. (Information from COP case managers was obtained from a written survey; persons considering nursing home care for COP clients provided information on natural support services through the phone survey described in Chapter IV of this report.) In both surveys, respondents were asked to indicate who was providing natural support services to clients and if these persons were being paid to provide these services. It was expected that the survey of case managers and the survey of persons considering nursing home care for COP clients would provide independent sources of information on the natural support services being provided to COP clients. However, because almost one-fourth of the persons responding to the phone survey (of persons considering nursing home care for COP clients) were social workers, there were some cases in which this was not the case.

Because both case managers and persons considering nursing home care described the type of natural support services being provided to clients before they started to receive COP-funded services, the description of the natural support services being provided to 1983 sample COP-funded clients presented in this chapter focuses on the period of time before COP services were provided. In most cases, however, this also is reflective of the services provided during the time COP-funded services were provided. (For 66 percent of the 1983 sample clients there was no change in the type or amount of natural support services being provided when COP-funded services were initiated.)

Because only 59 of the 65 persons considering nursing home care for COP clients who were contacted through the phone survey were familiar with the amount of natural support services being provided to clients before, as well as during, the time clients received COP-funded services (whereas case managers were able to report such information for all of the 201 sample clients), case manager reports served as the primary source of information on the natural support services being provided to 1983 sample COP-funded clients.

In addition to analyzing the foregoing information on 1983 sample COP-funded clients, information on the natural support services provided to 1982 clients (obtained from the standard COP reporting forms used in 1982) was also analyzed for comparison purposes. (This information only described the type of natural support services provided to COP clients during the time they received COP-funded services. It did not indicate if

COP services had replaced the natural support services clients had been receiving prior to COP.)

SOURCE OF NATURAL SUPPORTS

Caregivers

Table 68 illustrates the persons who provided natural support services to COP-funded clients in 1982. Approximately half of the clients who received natural support services in 1982 received services from multiple sources. In cases where COP-funded clients received services from multiple sources, adult children and other family members were most frequently the sources of support. In cases where COP-funded clients received services from a single source, adult children were most frequently the source of support.

Table 69 illustrates the persons case managers reported were providing natural support services to 1983 sample COP-funded clients before they started to receive COP-funded services. It also indicates that adult children and other family members were the most frequent sources of support and that, in many cases, clients were receiving natural support services from multiple sources.

TABLE 68
1982 COP-Funded Service Clients by Source of Natural Support Service During COP

Source	# of Clients	Source	# of Clients
None (10%)	20	Parents & Close Friends	2
Single Source (44%)	(87)	Parents, Close Friends & Other Family	2
Spouse	9	Parents, Close Friends, Other Family & Other	1
Adult Children	41	Adult Children & Other	2
Parents	4	Adult Children & Other Family	14
Close Friends	13	Adult Children, Other Family & Other	2
Other Family	16	Adult Children & Close Friends	12
Other[a]	4	Adult Children, Close Friends & Other	2
Multiple Sources (46%)	(91)	Adult Children, Close Friends & Other Family	4
Other Family & Other	4	Adult Children & Parents	1
Close Friends & Other	2	Spouse & Other Family	5
Other Family & Close Friends	6	Spouse & Close Friends	2
Other Family, Close Friends & Other	1	Spouse, Parents & Close Friends	1
Parents & Other	1	Spouse & Adult Children	9
Parents & Other Family	11	Spouse, Adult Children & Other	1
		Spouse, Adult Children & Other Family	1
		Spouse, Adult Children & Parents	3
		Spouse, Adult Children, Close Friends & Other Family	1
		Spouse, Adult Children, Parents, & Close Friends	1
Total			198

[a] Other included religious personnel, neighbors, and relatives.

TABLE 69
1983 Sample COP-Funded Service Clients By Source Of Natural Support Services Prior To COP

Source	# of Clients
None (16%)	32
Single Source (48%)	(97)
Adult Child	40
Spouse	4
Minor Child	1
Other Family	37
Friend	6
Neighbor	7
Volunteer	2
Multiple Sources (36%)	(72)
Adult Child and Spouse	5
Adult Child, Spouse, and Volunteer	1
Adult Child, Spouse, and Neighbor	2
Adult Child, Spouse, and Friend	1
Adult Child, Spouse, Friend, and Neighbor	1
Adult Child, Spouse, and Other Family	3
Adult Child, Spouse, Other Family, And Friend	2
Adult Child and Other Family	17
Adult Child, Other Family, and Volunteer	1
Adult Child, Other Family, and Neighbor	1
Adult Child and Friend	2
Adult Child, Friend, and Neighbor	1
Adult Child and Neighbor	2
Adult Child and Volunteer	1
Minor Child and Other Family	1
Minor Child and Spouse	1
Spouse and Other Family	2
Spouse, Other Family, and Neighbor	1
Spouse, Other Family, Friend, and Neighbor	1
Spouse and Neighbor	1
Spouse and Volunteer	2
Other Family and Friend	6
Other Family, Friend, Neighbor and Volunteer	2
Other Family and Neighbor	8
Other Family and Volunteer	1
Friend and Neighbor	3
Friend and Volunteer	1
Neighbor and Volunteer	2
Total	201

Table 70, which shows the overall frequency with which various parties provided natural support services to clients, shows that adult children and other relatives were the most frequent sources of natural support services.

TABLE 70
Comparison Of Sources Of Natural Support Services
For 1982 And 1983 COP-Funded Clients

	1982 COP Clients		1983 COP Clients	
Caregiver	#	%	#	%
Spouse	33	18.5%	27	16.0%
Adult Children	94	52.8%	80	47.3%
Parents	24	13.5%	NS	---
Close Friends	52	29.2%	26	15.4%
Other Family	68	38.2%	83	49.1%
Other[a]	20	11.2%	NS	---
Minor Child	NS	---	3	1.8%
Neighbors	NS	---	32	18.9%
Volunteers	NS	---	13	7.7%
Total	178		169	

[a] In 1982, "other" included religious personnel, neighbors, and relatives. NS shows reporting categories not used in the year indicated. 1982 data reflects services provided during the time clients received COP-funded services. 1983 data reflects services provided to clients before they started to receive COP-funded services.

Likelihood Various Caregivers Were the Sole Source of Support

Table 71 presents the likelihood that different caregivers were the only source of natural support for 1983 sample clients (found by dividing the number of times a caregiver was the only source of natural support by the number of cases overall in which those caregivers provided assistance). Thus, for example, in 50 percent of the cases in which adult children were providing assistance, they were the client's only source of natural support assistance. As these data reveal, spouses, friends, neighbors, and volunteers more often provide assistance in cases where there are also other natural supports to assist the client.

TABLE 71
Likelihood Persons Providing Natural Support Services to 1983 Sample Clients Before They Started To Receive COP-Funded Services Were The Sole Source Of Natural Support

Source	Likelihood
Adult Child	.50
Minor Child	.33
Spouse	.15
Other Family	.45
Friends	.23
Neighbors	.22
Volunteers	.15

Paid Services

At the time they were assessed by COP, 53 (26 percent) of the 201 1983 sample clients were receiving some natural support services from persons who were paid to provide these services. These 53 persons represented 31 percent of the 169 persons who were receiving some type of natural support services at the time they were assessed. As Table 72 illustrates, almost all of these persons were also receiving natural support services from persons who were not paid to provide these services.

TABLE 72
Paid Versus Unpaid Natural Support Services Being Received By 1983 Sample Clients Prior to COP

	Clients	
Type of Service	#	%
Just Paid	8	4.0%
Just Unpaid	116	57.7%
Both Paid and Unpaid	45	22.4%
None	32	15.9%
Total	201	100%

Four of these 53 persons stopped receiving paid natural support services when they started to receive COP services, and 15 other persons (who had not been receiving paid natural support services previously) started to receive paid natural support services. Overall, therefore, 11 more people received paid natural support services during COP than had been receiving paid natural support services previously.

AMOUNT OF NATURAL SUPPORT SERVICES PROVIDED

Amount of Assistance Reported By Case Managers

Table 73 shows the hours of assistance case managers reported various persons provided to 1983 sample clients prior to COP.

TABLE 73

Amount of Natural Support Services Case Managers Reported 1983 Sample COP Clients Were Receiving Prior to COP
(N=169)

Source of Assistance	% of Cases	Average Hours Per Month[a]	Average Number of Services
Adult Child	47.3% (n=80)	244.6 (n=52)	4.2 (n=80)
Minor Child	1.8% (n=3)	10.0 (n=1)	3.7 (n=3)
Spouse	16.0% (n=27)	513.2 (n=22)	4.4 (n=27)
Other Family	49.1% (n=83)	206.6 (n=54)	3.1 (n=83)
Friends	15.4% (n=26)	117.7 (n=16)	1.9 (n=26)
Neighbors	18.9% (n=32)	28.9 (n=25)	1.7 (n=32)
Volunteers	7.7% (n=13)	66.7 (n=10)	1.4 (n=13)

[a] "n" shows the numbers of cases on which these means are based. It is smaller than the numbers of cases on which the other two columns are based because some COP case managers indicated that assistance was received, but did not specify the number of hours of assistance that were provided.

These data show that family members in general (except for minor children), provide more assistance, and a greater variety of assistance than non-family members, and that the spouses of married COP clients assume the greatest role in caring for them. Spouses provided assistance in a lower percentage of cases than did clients' adult children and other family members because, in many cases, the client was single, divorced, or widowed. The number of cases in which spouses did assist clients, (16 percent of the cases) was almost equivalent to the percentage of COP clients who were married (20 percent). Spouses provided, on average, 513.2 hours of assistance per month to COP clients, or almost 17 hours of assistance per day. This was more than twice as many hours of assistance per month, on average, than other family members. While some types of assistance may be provided concurrently (for example, a care provider may be able to supervise the client while performing household chores), or may benefit the caregiver as well as the client (for example, the provision of household care, when the care provider resides with the client), nevertheless, the spouses of COP clients were clearly providing a substantial amount of care before COP services began.

Amount of Assistance Reported By Persons Considering Nursing Home Care for COP Clients

The phone survey of persons considering nursing home care for COP clients also attempted to assess the extent of assistance provided to the client by his or her natural supports. Eighty percent of those interviewed said that the client was receiving some type of assistance from natural supports prior to the COP assessment. In comparison to the information reported by case managers, persons considering nursing home care for COP clients reported services being offered more often by adult children and less often by other family members. Case managers and persons considering nursing home care both reported adult children as the most frequent source of natural support services.

TABLE 74

Amount of Natural Support Services Persons Considering
Nursing Home Care Reported 1983 Sample Clients Were Receiving
Prior to COP

Source of Assistance	Percentage of Cases	Average Number of Services
Adult Child	57.7%	3.9
Spouse	25.0%	4.3
Other Family	26.9%	4.6
Friends	7.7%	1.8
Neighbors	7.7%	3.0
Volunteers	3.8%	2.0

Reported percentages are based on 52 cases.

TYPE OF NATURAL SUPPORT SERVICES

1982 Clients

Information on the type of natural support services offered to 1982 clients was coded from the narrative descriptions submitted by counties. As Table 75 illustrates, housekeeping and personal care were the services most often reported.

TABLE 75
Type of Natural Support Services Provided
to COP-Funded Service Clients in 1982

Category	Times Cited	Category	Times Cited
Some Medical Care N.O.S.[a]	10	Other Housekeeping	1
Assist with Medications	3	All Housekeeping	1
Some Personal Care N.O.S.	45	Some Miscellaneous N.O.S.[b]	81
Eating	1	Managing Money[b]	22
Dressing	1	Transportation[b]	21
Other Mobility Within Home	1	Respite Care[b]	6
All Personal Care	1	Recreation/Social Visiting[b]	20
Some Housekeeping N.O.S.	89	Supervision[b]	4
Cooking	7	Legal Needs[b]	6
Cleaning House	5	Social Outings[b]	5
Shopping	15	Coordinate Care Providers[b]	1
Laundry	6	All Within Miscellaneous Category[b]	1
Repairs Around House	2		
Lawn Care	5		
Run Errands	6		

[a] N.O.S. shows not otherwise specified.
[b] The category of miscellaneous includes these services.

1983 Clients

Persons considering nursing home care for 1983 sample COP-funded clients were asked if various types of assistance were received from natural supports. COP case managers were also asked to specify the number of hours of assistance provided to the client. The different services inquired about were: financial aid, legal/financial management, medically-related care, personal care, household care, supervision, transportation, and other services. A description of the services included in each of these categories is presented in Appendix A.

Case Manager Reports

Table 76 presents the number of 1983 sample clients receiving natural support services who case managers reported received each of various types of assistance prior to the COP assessment, and the average number of hours of assistance provided each month.

TABLE 76
Types Of Natural Support Services Case Managers Reported Were Provided to 1983 Sample COP Clients Prior to COP
(n=169)

Type of Assistance	Paid		Unpaid	
	% Cases	Average Hours Per Month[a]	% Cases	Average Hours Per Month[a]
Legal/financial management	5.3% (n=9)	3.6 (n=5)	52.7% (n=89)	6.4 (n=54)
Medically-related care	6.5% (n=11)	24.9 (n=7)	43.8% (n=74)	53.5 (n=39
Personal Care	12.4% (n=21)	117.4 (n=16)	62.1% (n=105)	124.5 (n=60)
Household Care	16.6% (n=28)	34.0 (n=18)	59.2% (n=119)	71.4 (n=69)
Supervision	8.3% (n=14)	171.1 (n=9)	60.9% (n=103)	280.0 (n=64)
Transportation	10.1% (n=17)	4.3 (n=11)	58.0% (n=98)	21.1 (n=56)
Other	0.0 (n=1)	4.0 (n=1)	1.2% (n=2)	5.5 (n=2)

[a] "n" shows the numbers of cases on which these means are based. It is smaller than the number of cases on which the percentages are based because some COP case managers indicated that assistance was received, but did not specify the number of hours of assistance that were provided.

Although these figures vary somewhat depending on the type of assistance, most forms of unpaid assistance were reported in a fairly high percentage of cases. Also, it appears that, on average, natural supports spend a greater number of hours each month providing personal care and supervision than in providing other forms of assistance.

Personal care and household care were reported in the highest percentage of cases. This corresponds to the results of the 1982 COP evaluation which also showed that personal care and household care were among the services most frequently provided to COP clients by natural supports.

Case managers also reported that about 18 percent (n=31) of the 169 sample COP clients receiving natural support services received financial aid each month from natural supports. Only 14 of the 31 case managers were able to specify the amount of financial aid the client received each month. The amounts provided to the clients in these 14 cases ranged from $6.00 to $740.00 per month - the average amount was $288.07. While this appears to represent a fairly large monthly financial contribution, the relatively low percentage of COP clients receiving such financial aid indicates that for the most part, the help that COP clients receive from their natural supports comes in the form of services provided, rather than direct financial support.

Report of Persons Considering Nursing Home Care

Table 77 presents the number of 1983 sample clients persons considering nursing home care reported were receiving various types of assistance. It shows that, in comparison to case manager reports, lesser percentages of the persons considering nursing home care reported that natural supports were paid for their assistance to the client.[1] It also confirms case manager reports that personal care and household care are provided more frequently than other types of care.

TABLE 77

Type of Natural Support Services Provided to 1983 Sample COP Clients Prior to COP Reported by Persons Considering Nursing Homes

Type of Assistance	Paid		Unpaid	
	#	%	#	%
Financial Aid	-	-	8	15.4%
Legal/Financial Management	1	1.9%	28	53.8%
Medically-Related Care	1	1.9%	32	61.5%
Personal Care	3	5.8%	42	80.8%
Household Care	3	5.8%	44	84.6%
Supervision	3	5.8%	38	73.0%
Transportation	1	1.9%	34	65.4%

Reported percentages are based on 52 cases.

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[1] Often persons considering nursing home care were not sure if persons were being paid to provide services; this may have accounted for the lower frequency with which paid services were reported.

CHANGE IN NATURAL SUPPORT SERVICES

Approximately 89 percent of the COP case managers reported that when they developed the COP case plan for the client, they did not think that the client could be getting more services from natural supports than he or she was already receiving. In 23 cases (11 percent), the case manager reported that he or she believed that additional natural support services could be developed for the client. Eleven of these 23 case managers reported that all of these additional services were arranged for the client, 3 reported that some of these services were arranged, while 9 case managers reported that no additional natural support services could be arranged for the client.

Eighty-four (84) percent of the COP case managers reported that during the time the client received COP-funded services, the type and amount of natural support services the client received were the same or greater than before the COP assessment took place. Table 78, which compares the information reported by case managers to that reported by persons considering nursing home care, shows that case managers and persons considering nursing home care generally agreed regarding the extent to which natural supports stayed the same or increased after sample clients started to receive COP-funded services. For the 59 cases for which information was reported by persons considering nursing home care as well as by case managers, the percent of sample clients who received as much or more natural supports after COP services started was 78 percent (according to case managers) and 80 percent (according to persons considering nursing home care). Looking at the percent of agreement for individual cases, however, shows that changes in the natural supports of only 64 percent of these 59 sample clients were evaluated the same way by case managers and by persons considering nursing home care.

TABLE 78
Comparison of Natural Support Services Provided to Clients
Prior to and During the Time COP-Funded Services Were Received

Survey of COP Case Managers	Survey of Persons Considering Nursing Home Care[b]						
	Same	More	Less	(Subtotal)	Don't Know	(Missing)	Total
Same	32[a]	1	8	(41)	4	87	132
More	3	2[a]	0	(5)	1	30	36
Less	8	1	4[a]	(13)	1	19	33
Total[c]	43	4	12	(59)	6	136	201

[a] Percent agreement = 38/59 or 64%.

[b] Only 65 phone surveys were completed.

[c] The percent of clients receiving the same or more services were: a) case managers 46/59 = 78% (N = 59), and 168/201 = 84%(N = 201), and b) persons considering 47/59 = 80%(N=59).

Why Services Increased

About 18 percent (n=36) of the case managers reported that the client received more services from natural supports following the COP assessment. The case managers also indicated why this occurred (23 provided more than one reason). The most frequently-mentioned reasons were that the county COP staff encouraged others to assist the client (n=17); the client's condition worsened, and so more help was needed(n=16); natural support providers were paid, making it possible for them to offer more assistance (n=15); and, other persons became more aware of the client's need for assistance (n=12). Table 79 summarizes the reasons why some COP clients received more assistance from natural supports following the COP assessment.

TABLE 79

Reasons Some 1983 Sample COP Clients Received More Natural Support Services During COP

Reason	Number	Percent
County COP staff encouraged others to assist client.	17	47.2%
Client's condition worsened - had need of more help.	16	44.4%
Natural support providers were paid, making it possible for them to offer more assistance.	15	41.7%
Other persons became more aware of client's need for assistance.	12	33.3%
Client became more willing to accept assistance.	6	16.7%
Life situation of family, friends changed, allowing them to provide help they couldn't provide before.	5	13.9%
Client entered the community from a nursing home or hospital.	3	8.3%
Caregivers were willing/able to provide more care.	3	8.3%
Client went to live with family members who would provide care.	2	5.6%

Note: Thirty-six case managers reported that the client received more assistance from natural supports following the COP assessment, and provided a reason why this occurred. Twenty-three provided more than one reason.

Why Services Decreased

Only 16 percent (n=33) of the COP case managers reported that the client's natural supports provided less assistance to the client following the COP assessment. Table 80 summarizes the reasons why less natural support services were provided, in cases where this occurred. (Twenty-eight of the 33 case managers reporting fewer natural support services offered more than one reason why this occurred.)

TABLE 80

Reasons Some COP Clients Received Less Natural Support Services During COP

Reason	Number	Percent
Caregivers were physically or mentally no longer able to provide care.	25	75.8%
Client needed more help than could be provided informally.	19	57.6%
The type of help client needed had to be provided by trained/professional personnel.	10	30.3%
Caregivers willing/able to provide services on short-term basis only.	10	30.3%
Caregivers willing to provide further care, but needed respite.	4	12.1%
Life situation of family, friends changed, preventing them from providing as much care.	4	12.1%
Caregivers unwilling to provide further care.	4	12.1%
Client's condition improved - had need of less help.	2	6.1%
Caregiver himself/herself was in need of care.	2	6.1%

Note: Thirty-three case managers reported that the client received less assistance from natural supports following the COP assessment, and provided a reason why this occurred. Twenty-eight provided more than one reason.

The reasons summarized in Table 80 show that, in cases where the client received less assistance from natural supports following the COP assessment, most often the reason this occurred was because the caregivers were no longer able to provide the amount or type of assistance the client needed, rather than because of an unwillingness to provide care, decreased need for care on the client's part, or a reliance on professionally-provided care.

These data suggest that, in many cases where fewer natural supports were received following the COP assessment, the decrease in help from natural supports might have occurred even in the absence of COP services, rather than COP services leading to a reduction in the amount of assistance provided by natural supports.

WISCONSIN DHSS
Division of Community Services
DCS-814 (Issued 2-82)

Appendix A - Data Collection Instruments

COP ASSESSMENT STATUS AND RESULT INFORMATION
ITEM TWO - Page 1

Date Form Completed

County

IDENTIFYING INFORMATION

1. SERVICE NUMBERS (If Known) - Medicare | Medicaid | TIS/SSIS

2. REFERRAL DATE

3. COUNTY OF RESIDENCE

4. Name of NURSING HOME Being Sought (If Known)

5. PAY STATUS
   - a. ☐ MA Eligible
   - b. ☐ Potentially MA Eligible
     - ( ) Within 6 Months
     - ( ) Within 1 Year
   - c. ☐ Private Pay

6. AGE OR DISABILITY (check all that apply)
   - a. ☐ Elderly
   - b. ☐ Child
   - c. ☐ Chronic Drug Abuse
   - d. ☐ Developmentally Disabled
   - e. ☐ Chronically Mentally Ill
   - f. ☐ Physically Disabled
   - g. ☐ Other (specify) ____________

7. REFERRAL SOURCE AND RESIDENCE

7. REFERRAL SOURCE AND RESIDENCE	Residence At Time of Referral (Name, if applicable)	Check Referring Agency	Usual Residence (If Different Than Column 1)
a. Nursing Home		☐	
b. D. D. Center		☐	
c. Hospital (Non-Psychiatric)		☐	
d. Psychiatric Hospital		☐	
e. CBRF or Group Home		☐	
f. Adult Family Home		☐	
g. Own Home		☐	
h. Other ____________		☐	

8. INTAKE ACTIONS
   - a. ☐ Person was Assessed (Go to # 9)
   - b. ☐ Person was NOT Assessed; because they ▶
     - 1. ( ) Did not meet the COP target group definition
     - 2. ( ) Were not covered in the county phase-in plan
     - 3. ( ) Declined assessment
     - 4. ( ) Could not be assessed before placement action had to be taken
     - 5. ( ) Other (describe) ____________

STOP if the person was not assessed

ASSESSMENT INFORMATION

9. PERSON'S NAME

10. ASSESSMENT DATES - Began | Completed

11. PERSONS DOING THE ASSESSMENT - Name | Title | Agency

12. PRELIMINARY ASSESSMENT OUTCOME
   - a. ☐ Case Plan Being Developed
   - b. ☐ Case Plan NOT Being Developed -check all that apply
     - 1. ( ) Insufficient funds to develop case plan
     - 2. ( ) Insufficient funds to provide the community alternatives
     - 3. ( ) Insufficient program or program openings
     - 4. ( ) Person preferred nursing home care
     - 5. ( ) Guardian (if any) preferred nursing home care
     - 6. ( ) Other (specify) ____________
   - c. If NO case plan, and if known, what happened to person? (e.g. name & location of facility entered if applicable)
     ▶ ____________

13. PATIENT PLAN OF CARE FORM (PPOC) (check one)
   - a. ☐ PPOC currently on file in DHSS
   - b. ☐ Complete PPOC sent to DHSS as part of nursing home placement
   - c. ☐ Partial PPOC completed with physician review
     Physician's Name ▶ ____________
   - d. ☐ Partial PPOC completed without physician review
     Attending Physician's Name and Telephone Number:
     ▶ ____________
     ▶ ____________

WISCONSIN DHSS
Division of Community Services
DCS-815 (Issued 2-82)

A2
COP CASE PLAN REPORT

▶ Complete for each person receiving COP case plan

PERSON'S NAME			COUNTY	DATE FORM COMPLETED
Medicaid No.	Medicare No.	SSIS/TIS No.	Date Services Began or Will Begin:	Date Plan Was Completed:
PERSONS DEVELOPING OR ARRANGING THE PLAN - Name(s) and Agency(ies)				

1. LIVING ARRANGEMENT (Indicate arrangement agreed upon)

- ☐ a. Own Home
- ☐ b. Apartment - Number of other non-staff residents (client's unit only) ▶ ______
- ☐ c. Congregate Living - Number of other non-staff residents (client's unit only) ▶ ______
- ☐ d. CBRF - Number of other non-staff residents (total number) ▶ ______
- ☐ e. Adult Family Home - Number of other non-staff residents (total number) ▶ ______
- ☐ f. Other (describe) ▶ ______________________

2. NATURAL SUPPORTS

a. Indicate natural supports which: (1) exist; and (2) potentially can and will provide assistance.

	Exist	Can and Will Assist	Comments
Spouse	☐	☐	
Adult Child(ren)	☐	☐	
Parent(s)	☐	☐	
Close Friends	☐	☐	
Extended Family	☐	☐	
Other (describe)	☐	☐	

b. Describe the assistance to be provided by natural support systems ▶ ______________________

3. FUNDING AND SOURCES SUMMARY (Indicate the average monthly expenditures by major funding source for this individual.)

Major Source	Before COP	Expected Under COP
a. COP	$	$
b. MTA (include T. XX, T. IV, capacity building, county match, etc.)	$	$
c. Title III (Older Americans Act)	$	$
d. Private Payments (pensions, SSI, Social Security, assets, uniform fees)	$	$
e. Medicaid (If dollar estimate is impractical, simply check)	$	$
f. Medicare (If dollar estimate is impractical, simply check)	$	$
g. Div. Voc. Rehab. (If dollar estimate is impractical, name service[s])	$	$
h. HUD Section 8 (If dollar estimate is impractical, simply check)	$	$
i. Other (describe) ______________	$	$

4. INCOME SUMMARY (Identify by major source the average monthly income available to the individual.)

a. SSI $__________
b. SSDI $__________
c. Food Stamps $__________
d. Salaries, Wages, etc. $__________
e. Social Security $__________
f. Pensions $__________
g. Assets (monthly) $__________
h. Other __________ $__________

5. CASE PLAN IMPLEMENTATION - If this case plan was not implemented and the person DID NOT remain as a COP client, check why.

- ☐ a. Insufficient funds to develop community alternatives
- ☐ b. Insufficient program or program openings
- ☐ c. Person preferred nursing home care
- ☐ d. Guardian (if any) preferred nursing home care
- ☐ e. Other (specify) ▶ ______________________

Name facility or residence entered ▶ ______________________

	AVE. MONTHLY SERVICE DOLLARS EXPECTED FROM MAJOR FUNDING SOURCES			AVE. MONTHLY UNITS EXPECTED	
I. Social and Economic Support	COP FUNDS (Total)	FUNDS FROM OTHER SOURCES (Total)	TOTAL FUNDS	(Label Unit Type)	
1.1 Child Day Care	$	$	$		hours
1.2 Adult Day Care					hours
1.3 Respite Care					hours
1.4 Supportive Home Care .					hours
1.5 Housing Assistance . .					hours
1.6 Home Modification/ Energy Assistance . .					hours
1.7 Specialized Transportation and Escort . .					hours
1.8 Community Support . .					hours
1.9 Work-Related Services.					hours
II. Alternate Living					
2.2 Adult Family Home . .	$	$	$		days
2.3 Foster Home (children)					days
2.4 Group Home (Note: for CBRF see 5.6) . . .					days
2.5 Shelter Care					days
IV. Well-Being					
4.1 Congregate Meals/ Nutrition Education .	$	$	$		meals
4.2 Home Delivered Meals .					meals
4.3 Recreation/Alternative Activities					hours
4.5 Preventative Education/ Adjustment Skill Bldg.					hours
4.6 Protective Placement .					hours
4.7 Guardianship					hours
V. Maintaining/Improving Personal, Physical and Mental Health					
5.1 Crisis Intervention .	$	$	$		hours
5.2 Detoxification					days
5.3 Inpatient (CANNOT be COP funded)					days
5.4 Child Care Institution (CANNOT be COP funded)					days
5.5 D.D. Center (CANNOT be COP funded)					days

	AVE. MONTHLY SERVICE DOLLARS EXPECTED FROM MAJOR FUNDING SOURCES			AVE. MONTHLY UNITS EXPECTED	
(Continued)	COP FUNDS (Total)	FUNDS FROM OTHER SOURCES (Total)	TOTAL FUNDS	(Label Unit Type)	
5.6 Community Based Treatment Facility . . .	$	$	$		days
5.7 Counseling/Therapeutic Resources					days
5.8 Day Svcs/Treatment . . .					days
VI. System Access					
6.2 Information & Referral .	$	$	$		contacts/ hours
6.4 Case Management/ Service Coordination . .					hours
6.5 Legal & Defense Resources.					hours
6.8 Placement Assistance & Monitoring					hours
VII. Management					
7.1 Manpower Training & Development	$	$	$		
7.2 Agency/Systems Management					
VIII. Health Services: Medicare, Medicaid - NOT Included in Section V (Average monthly units expected, if dollar estimate is impractical)					
1. Home Health Aide/ Private Nursing					visits
2. Therapy (PT, OT, Speech, etc)					
3. Drugs					
4. Physician					
5. Dental Care					
6. Hospitalization					days
7. Nursing Home Utilization.					days
8. Other Typically Major Medicaid Services (Name). . ________					
IX. Other (specify) . . . . . . ________					

COP CASE PLAN SERVICE DETAIL
Division of Community Services DCS-815A (2-82)

A3

A4

WISCONSIN DHSS
Division of Community Services
DCS-816 (Issued 2-82)

COP SERVICE REPORT
YEAR-TO-DATE SUMMARY

▶ Complete for each person receiving COP-funded services

PERSON'S NAME			COUNTY	DATE FORM COMPLETED
Medicaid No.	Medicare No.	SSIS/TIS No.	DATE SERVICES BEGAN ▶	TIME PERIOD: ☐ YTD thru 9-82 ☐ YTD for CY 1982

1. CURRENT CLIENT STATUS

☐ a. Currently a COP Client (go to #2)
☐ b. Terminated - Termination Date ▶ ____________
c. Reason for Termination
▶ ____________
d. Living Arrangements after Termination (Name of residence, if not own home)
▶ ____________
e. Other Comments and Description of What Happened to the Individual after Termination
▶ ____________

NOTE: IF TERMINATED, GO TO QUESTION 3.

☐ f. On Hold (describe circumstances)
▶ ____________

2. CURRENT LIVING ARRANGEMENT (Indicate the living arrangement at the time of this report.)

☐ a. Own Home
☐ b. Apartment - Number of other non-staff residents (client's unit only) ▶ ________
☐ c. Congregate Living - Number of other non-staff residents (client's unit only) ▶ ________
☐ d. CBRF - Number of other non-staff residents (total number) ▶ ________
☐ e. Adult Family Home - Number of other non-staff residents (total number) ▶ ________
☐ f. Other (describe) ____________

3. NATURAL SUPPORTS

a. Indicate the natural supports which provide assistance and describe assistance provided.

☐ Spouse ____________
☐ Adult Child(ren) ____________
☐ Parent(s) ____________
☐ Close Friends ____________
☐ Extended Family ____________
☐ Other ____________

4. FUNDING SOURCES SUMMARY (Indicate the total expenditures by major funding source for the individual during the time period covered by this report.)

a. COP . . . . $________
b. MTA (Including T. XX, T. IV, capacity building, county match, etc.). . . . . $________
c. Title III (Older Americans Act) . . . . $________
d. Private Payments (e.g. from pensions, SSI, Social Security, assets, uniform fees, etc.). . . . . . . $________
e. Medicaid (If dollar estimate is impractical, simply check) . . . . $________
f. Medicare (If dollar estimate is impractical, simply check) . . . . $________
g. Division of Vocational Rehabilitation (If dollar estimate is impractical, name the service[s]) . . . $________
h. HUD Section 8 (If dollar estimate is impractical, check if rent is subsidized) . . . . $________
i. Other (describe) ____________ . . . . $________

5. INCOME SUMMARY (Identify by major source the average monthly income now available to the individual.)

a. SSI	$________	e. Social Security	$________
b. SSDI	$________	f. Pensions	$________
c. Food Stamps	$________	g. Assets (monthly)	$________
d. Salaries, Wages, etc.	$________	h. Other ____________	$________

Check One:
☐ YTD thru 9-82
☐ YTD for CY1982

	TOTAL SERVICE DOLLARS EXPENDED YEAR-TO-DATE FROM MAJOR FUNDING SOURCES			TOTAL YEAR-TO-DATE UNITS DELIVERED
	COP FUNDS (Total)	FUNDS FROM OTHER SOURCES (Total)	TOTAL FUNDS	(Label Unit Type)
I. Social and Economic Support				
1.1 Child Day Care	$	$	$	hours
1.2 Adult Day Care				hours
1.3 Respite Care				hours
1.4 Supportive Home Care .				hours
1.5 Housing Assistance . .				hours
1.6 Home Modification/ Energy Assistance . .				hours
1.7 Specialized Transportation and Escort . .				hours
1.8 Community Support . .				hours
1.9 Work-Related Services.				hours
II. Alternate Living				
2.2 Adult Family Home . .	$	$	$	days
2.3 Foster Home (children)				days
2.4 Group Home (Note: for CBRF see 5.6) . . .				days
2.5 Shelter Care				days
IV. Well-Being				
4.1 Congregate Meals/ Nutrition Education .	$	$	$	meals
4.2 Home Delivered Meals .				meals
4.3 Recreation/Alternative Activities				hours
4.5 Preventative Education/ Adjustment Skill Bldg.				hours
4.6 Protective Placement .				hours
4.7 Guardianship				hours
V. Maintaining/Improving Personal, Physical and Mental Health				
5.1 Crisis Intervention .	$	$	$	hours
5.2 Detoxification				days
5.3 Inpatient (CANNOT be COP funded)				days
5.4 Child Care Institution (CANNOT be COP funded)				days
5.5 D.D. Center (CANNOT be COP funded)				days

	TOTAL SERVICE DOLLARS EXPENDED YEAR-TO-DATE FROM MAJOR FUNDING SOURCES			TOTAL YEAR-TO-DATE UNITS DELIVERED
V. (Continued)	COP FUNDS (Total)	FUNDS FROM OTHER SOURCES (Total)	TOTAL FUNDS	(Label Unit Type)
5.6 Community Based Treatment Facility . . .	$	$	$	days
5.7 Counseling/Therapeutic Resources				days
5.8 Day Svcs/Treatment . . .				days
VI. System Access				
6.2 Information & Referral .	$	$	$	contacts/ hours
6.4 Case Management/ Service Coordination . .				hours
6.5 Legal & Defense Resources.				hours
6.8 Placement Assistance & Monitoring				hours
VII. Management				
7.1 Manpower Training & Development	$	$	$	
7.2 Agency/Systems Management				
VIII. Health Services: Medicare, Medicaid - NOT Included in Section V (Total units if a dollar estimate is impractical)				
1. Home Health Aide/ Private Nursing				visits
2. Therapy (PT, OT, Speech, etc)				
3. Drugs				
4. Physician				
5. Dental Care				
6. Hospitalization				days
7. Nursing Home Utilization				days
8. Other Typically Major Medicaid Services (Name). .				
IX. Other (specify)				

COP YEAR-TO-DATE SERVICE DETAIL
Division of Community Services DCS-816A (2-82)

WISCONSIN DHSS
Division of Community Services
DCS-814 (Revised 12-82)

A6

COP INTAKE/ASSESSMENT REPORT

PAGE 1 - INTAKE INFORMATION

(Completion of this form meets the requirements of the guidelines established under S. 46.27, Wis. Stats.)

1. COUNTY (enter code)	2. REFERRAL DATE	3. COUNTY OF RESIDENCE (enter code)	4. BIRTHDATE	5. AGE	6. SEX (circle) F M	7. NAME OF NURSING HOME SOUGHT

8. MARITAL STATUS (check one)

- ☐ 1 Single
- ☐ 2 Married
- ☐ 3 Widowed
- ☐ 4 Divorced/Separated
- ☐ 5 Unknown

9. REFERRAL SOURCE (check one)

- ☐ 01 Nursing Home
- ☐ 02 D.D. Center
- ☐ 03 Hospital
- ☐ 04 CBRF or Group Home
- ☐ 05 Adult Family Home
- ☐ 06 Home Health Agency
- ☐ 07 Social/Human Service Dept.
- ☐ 08 51 Board
- ☐ 09 Public Health Dept.(Co or Municipal)
- ☐ 10 County Aging Unit
- ☐ 11 Independent Living Center
- ☐ 12 Self-Referral
- ☐ 13 Family, Relative or Friends
- ☐ 14 Administrative Order 1.67
- ☐ 15 Other (specify):

10. USUAL RESIDENCE (check one)

- ☐ 1 Nursing Home
- ☐ 2 D.D. Center
- ☐ 3 CBRF or Group Home
- ☐ 4 Adult Family Home
- ☐ 5 Own Home (House or Apartment)
- ☐ 6 Relative's Home (House or Apt.)
- ☐ 7 Other (specify):

11. PRIMARY AGE/DISABILITY GROUP (check one)

- ☐ 1 Elderly
- ☐ 2 Chemically Dependent
- ☐ 3 Developmentally Disabled
- ☐ 4 Chronically Mentally Ill
- ☐ 5 Physically Disabled
- ☐ 6 Other (specify):

12. INTAKE ACTIONS (check one)

- ☐ 1 Person Was Assessed (GO TO PAGE 2)
- ☐ 2 Person Was NOT Assessed: (check most applicable reason)
  - ( ) 1 Did NOT Meet Threshold Definition for COP Eligibility
  - ( ) 2 Not Covered in County Phase-In Plan
  - ( ) 3 Declined Assessment
  - ( ) 4 Could Not Be Assessed Before Placement Occurred
  - ( ) 5 Deceased
  - ( ) 6 Other (describe):

STOP If The Person Was NOT Assessed

LOCAL USE

WISCONSIN DHSS
Division of Community Services
DCS-814A (Revised 12-82)

COP INTAKE/ASSESSMENT REPORT
PAGE 2 - ASSESSMENT INFORMATION

(Completion of this form meets the requirements of the guidelines established under S. 46.27, Wis. Stats.)

13. PERSON'S NAME (Last, First, MI)

14. ASSESSMENT COMPLETION DATE

15. PAY STATUS (If MA Eligible, Number MUST Be Provided) (check one)

☐ 1 MA Eligible at Assessment

MA Number

☐ 2 Potentially MA Eligible (within 6 months)
☐ 3 Private Pay

16. PERSON(S) DOING THE ASSESSMENT (Name, Title, Agency)

17. PERSON'S CONDITIONS/DIAGNOSES (check ALL that apply)

☐ 01 Mental Retardation
☐ 02 Cerebral Palsy
☐ 03 Epilepsy
☐ 04 Autism
☐ 05 Blind/Visually Impaired
☐ 06 Hearing Impaired
☐ 07 Alcoholism/Alcohol Abuse
☐ 08 Other Drug Abuse
☐ 09 Paralysis
☐ 10 Amputation
☐ 11 Schizophrenic Disorder
☐ 12 Psychosis/Psychotic Reaction
☐ 13 Behavioral/Personality Disorder
☐ 14 Organic Brain Damage/Organic Brain Syndrome
☐ 15 Heart Condition
☐ 16 Diabetes
☐ 17 Stroke
☐ 18 Cancer
☐ 19 Other Major Medical Condition(s) (specify):

☐ 20 Other (specify):

18. PRELIMINARY ASSESSMENT OUTCOME (check correct number)

☐ 1 Case Plan Being Developed
☐ 2 Case Plan NOT Being Developed (check ALL that apply)

( ) 01 Person did not meet threshold definition for COP eligibility
( ) 02 Insufficient Funds to Provide the Community Alternatives
( ) 03 Insufficient Openings in Programs
( ) 04 Services or Vendors Do NOT Exist
( ) 05 Person or Guardian Preferred Nursing Home Care
( ) 06 Family Preferred Nursing Home Care
( ) 07 Person or Family Arranged for Services Without Agency Involvement
( ) 08 Natural Supports Will Care for Person On Their Own
( ) 09 Person Died
( ) 10 Other (specify):

If NO Case Plan, What Happened to Person (e.g., name and location of facility entered, if applicable)?

19. PERSON'S PREFERENCES - Describe the person's expressed preferences for service arrangements and for living arrangements, i.e., where he or she wants to live, work, spend leisure time, preference for caregivers or other providers of services and support. (attach additional sheets if necessary)

WISCONSIN DHSS
Division of Community Services
DCS-8148 (Revised 12-82)

A8

COP INTAKE/ASSESSMENT REPORT

PAGE 3 - ASSESSMENT INFORMATION

(Completion of this form meets the requirements of the guidelines established under S. 46.27, Wis. Stats.)

Attach additional sheets, if necessary)

20. COMMUNITY OPTIONS - Describe as fully as possible the services and other support arrangements (e.g. family involvement) which would enable the person to live in a non-institutional community environment with as much dignity as possible. Include, to the extent possible: (a) rough dollar estimates for each service; and (b) the community living arrangement type.

NOTE: That more than one arrangement (options) may be described (the ideal option and less desirable alternatives) and the current availability (or non-availability) of resources for the alternative(s) should not be a factor in making the description.

21. WHAT WAS MISSING - If a case plan is NOT being developed and the person entered (or will enter) an institution, describe which aspects (funding, programs, living arrangement, informal supports) of the community option(s) listed above were missing; that is, what would have made it feasible for this person to remain in the community.

A9

WISCONSIN DHSS
Division of Community Services
DCS-815 (Revised 12-82)

COP CASE PLAN REPORT

COMPLETE FOR EACH PERSON RECEIVING A COP CASE PLAN

(Completion of this form meets the requirements of the guidelines established under S. 46.27, Wis. Stats.)

1. PERSON'S NAME (Last, First, MI)	2. County (enter code)	3. Date Plan Completed	4. Date COP-Funded Services Began/Will Begin

5. PERSON(S) DEVELOPING OR ARRANGING THE PLAN (include Name, Title or Relation to Client, and Agency Where Applicable)

5. LIVING ARRANGEMENT - Indicate arrangement agreed upon by checking the appropriate box in the left-hand corner.
Then, indicate type of assistance or number of other non-staff residents as appropriate.

☐ 1 Own House . . . . ( ) 01 Live-In Assistance ( ) 02 Non-Live-In Assistance ( ) 03 Both Types ( ) 04 Neither
☐ 2 Own Apartment . . . . . . ( ) 01 Live-In Assistance ( ) 02 Non-Live-In Assistance ( ) 03 Both Types ( ) 04 Neither
☐ 3 House or Apartment of Relatives or Friends . . ( ) 01 Live-In Assistance ( ) 02 Non-Live-In Assistance ( ) 03 Both Types ( ) 04 Neither
☐ 4 Congregate Living . . . . . Number of Other Non-Staff Residents (person's unit only) ▶ ________
☐ 5 CBRF. . . . . Number of Other Non-Staff Residents (total number) ▶ ________
☐ 6 Adult Family Home . . . . . Number of Other Non-Staff Residents (total number) ▶ ________
☐ 7 Other (specify) . . . . ________________________________

7. NATURAL SUPPORTS - Indicate whether natural supports (1) don't exist; (2) exist, but can't or won't assist; (3) exist and will assist

	(1) Don't Exist	(2) Exist/No Assistance	(3) Exist/Will Assist
Spouse	☐	☐	☐
Adult Children	☐	☐	☐
Parent(s)	☐	☐	☐
Close Friends	☐	☐	☐
Other Family	☐	☐	☐
Other (specify) ________________		☐	☐

8. DESCRIBE THE ROLE OF THE NATURAL SUPPORT SYSTEM UNDER THIS PLAN (e.g., specific types & frequency of assistance, relation to formal human service system).

9. CASE PLAN IMPLEMENTATION - If this case plan was NOT implemented (check ALL that apply)

☐ 01 Insufficient Funds to Develop Community Alternatives
☐ 02 Insufficient Openings in Programs
☐ 03 Services or Vendors Do NOT Exist
☐ 04 Person or Guardian Preferred Nursing Home Care
☐ 05 Family Preferred Nursing Home Care
☐ 06 Person or Family Arranged for Services Without Agency Involvement
☐ 07 Natural Supports Will Care for Person On Their Own
☐ 08 Person Rejected Case Plan
☐ 09 Insufficient Natural Supports
☐ 10 Person Died
☐ 11 Other (specify):

Name of Facility or Residence Entered ▶ ________________________________

10. IF THIS CASE PLAN WAS NOT IMPLEMENTED BECAUSE OF INSUFFICIENT COMMUNITY ARRANGEMENTS (Nos. 1, 2 or 3, above), DESCRIBE SPECIFICALLY WHAT WAS MISSING. IF IT WAS NOT IMPLEMENTED BECAUSE THE PERSON OR THEIR FAMILY PREFERRED NURSING HOME CARE (Nos. 4 or 5), DESCRIBE THE REASONS FOR THAT PREFERENCE. (Attach additional sheets, if necessary)

AVERAGE MONTHLY SERVICE DOLLARS EXPECTED FROM MAJOR FUNDING SOURCES

	COP FUNDS	ESTIMATED FUNDS FROM OTHER SOURCES (Total)	TOTAL FUNDS
I. SOCIAL AND ECONOMIC SUPPORT			
1.1 Child Day Care	$	$	$
1.2 Adult Day Care	$	$	$
1.3 Respite	$	$	$
1.4 Supportive Home Care	$	$	$
1.5 Housing Assistance	$	$	$
1.6 Home Modification/ Energy Assistance	$	$	$
1.7 Specialized Transportation and Escort	$	$	$
1.8 Work-Related Services	$	$	$
II. ALTERNATE LIVING			
2.2 Adult Family Home	$	$	$
2.3 Foster Home (children)	$	$	$
2.4 Group Home (children) Note: for CBRF see 5.6	$	$	$
2.5 Shelter Care	$	$	$
IV. WELL-BEING			
4.1 Congregate Meals	$	$	$
4.2 Home Delivered Meals	$	$	$
4.3 Recreation/Alternative Activities	$	$	$
4.5 Preventative Education/ Adjustment Skill Building	$	$	$
4.6 Protective Payment	$	$	$
4.7 Guardianship	$	$	$
V. MAINTAINING/IMPROVING PERSONAL, PHYSICAL AND MENTAL HEALTH			
5.1 Crisis Intervention	$	$	$
5.2 Detoxification	$	$	$
5.3 Inpatient (CANNOT be COP funded)		$	$
5.4 Child Care Institution (CANNOT be COP funded)		$	$
5.5 D.D. Center (CANNOT be COP funded)		$	$
5.6 Community Based Care/ Treatment Facility	$	$	$
5.7 Counseling/Therapeutic Resources	$	$	$

AVERAGE MONTHLY SERVICE DOLLARS EXPECTED FROM MAJOR FUNDING SOURCES

	COP FUNDS	ESTIMATED FUNDS FROM OTHER SOURCES (Total)	TOTAL FUNDS
V. (Continued)			
5.8 Day Svcs/ Treatment	$	$	$
5.9 Community Support	$	$	$
VI. SYSTEM ACCESS			
6.2 Information & Referral	$	$	$
6.4 Case Management	$	$	$
Service Coordination	$	$	$
6.5 Legal and Defense Resources	$	$	$
6.8 Placement Assistance and Monitoring	$	$	$
VII. MANAGEMENT			
7.1 Manpower Training and Development	$	$	$
7.2 Agency/Systems Management	$	$	$
SUB-TOTAL OTHER FUNDS		$	
VIII. HEALTH SERVICES: MEDICARE, MEDICAID - NOT Included in Section V (If a dollar estimate is impractical, simply check (✓))			
1. Home Health Aide	$	$	$
2. Private Nursing	$	$	$
3. Therapy (PT, OT, Speech,etc)	$	$	$
4. Drugs	$	$	$
5. Physician	$	$	$
6. Dental Care	$	$	$
7. Hospitalization		$	$
8. Nursing Home Utilization		$	$
9. Other Typically Major Medicaid Services Name: ______________ ______________	$	$	$
IX. OTHER (specify) ______________ ______________	$	$	$
GRAND TOTALS	$	$	$

C O P CASE PLAN SERVICE DETAIL DCS-815A (Rev. 12-82) (S. 46.27, Wis. Stats.)

WISCONSIN DHSS
Division of Community Services
DCS-816 (Revised 12-82)

A11

COP SERVICE REPORT

. YEAR-TO-DATE SUMMARY

COMPLETE FOR EACH PERSON RECEIVING COP-FUNDED SERVICES

(Completion of this form meets the requirements of the guidelines established under S. 46.27, Wis. Stats.)

1. PERSON'S NAME (Last, First, MI)

2. REPORT PERIOD (circle one number)
1 YTD Through 6/83 2 YTD Through CY 1983

3. COUNTY (enter code)

4. MEDICAID ID NUMBER (If Exists)

5. DATE SERVICES BEGAN

6. CSIS ID NUMBER (If Exists)

7. PERSON'S CURRENT STATUS (check correct number; if terminated, give date)

☐ 1 Current COP Client (GO TO No. 8) ——▷
☐ 2 COP-Funded Services Terminated (GO TO No. 9) ▽

8. CURRENT LIVING ARRANGEMENT (Indicate the arrangement at the time of this report)

☐ 1 Own House
☐ 2 Own Apartment
☐ 3 House or Apartment of Relatives or Friends
☐ 4 Congregate Living
☐ 5 CBRF
☐ 6 Adult Family Home
☐ 7 Other (describe):

STOP GO TO DCS-816A

9. TERMINATION DATE

(GO TO No. 10) ——▽

10. REASON FOR TERMINATION (check MOST applicable reason)

☐ 1 Person Continued to Reside in the Community But No Longer Needed COP Services
☐ 2 Person Voluntarily Terminated Services
☐ 3 Person No Longer Able to be Served in the Community Under COP
☐ 4 Person Now Preferred Nursing Home Care
☐ 5 Person Died
☐ 6 Other (specify):

11. LIVING ARRANGEMENT AFTER TERMINATION (check one)

☐ 01 Own House
☐ 02 Own Apartment
☐ 03 House or Apartment of Relative or Friends
☐ 04 Congregate Living
☐ 05 CBRF
☐ 06 Adult Family Home
☐ 07 D.D. Center
☐ 08 Nursing Home - Name: ______
☐ 09 Not Applicable
☐ 10 Other (describe): ______

12. DESCRIBE WHAT HAPPENED TO THE INDIVIDUAL AFTER TERMINATION (If Applicable).

Check One:

☐ YTD thru 6-83

☐ YTD for CY 1983

TOTAL SERVICE DOLLARS EXPENDED YEAR-TO-DATE FROM MAJOR FUNDING SOURCES

	COP FUNDS	ESTIMATED FUNDS FROM OTHER SOURCES (Total)	TOTAL FUNDS
I. SOCIAL AND ECONOMIC SUPPORT			
1.1 Child Day Care	$	$	$
1.2 Adult Day Care	$	$	$
1.3 Respite	$	$	$
1.4 Supportive Home Care	$	$	$
1.5 Housing Assistance	$	$	$
1.6 Home Modification/ Energy Assistance	$	$	$
1.7 Specialized Transportation and Escort	$	$	$
1.8 Work-Related Services	$	$	$
II. ALTERNATE LIVING			
2.2 Adult Family Home	$	$	$
2.3 Foster Home (children)	$	$	$
2.4 Group Home (children) Note: for CBRF see 5.6	$	$	$
2.5 Shelter Care	$	$	$
IV. WELL-BEING			
4.1 Congregate Meals	$	$	$
4.2 Home Delivered Meals	$	$	$
4.3 Recreation/Alternative Activities	$	$	$
4.5 Preventative Education/ Adjustment Skill Building	$	$	$
4.6 Protective Payment	$	$	$
4.7 Guardianship	$	$	$
V. MAINTAINING/IMPROVING PERSONAL, PHYSICAL AND MENTAL HEALTH			
5.1 Crisis Intervention	$	$	$
5.2 Detoxification	$	$	$
5.3 Inpatient (CANNOT be COP funded)		$	$
5.4 Child Care Institution (CANNOT be COP funded)		$	$
5.5 D.D. Center (CANNOT be COP funded)		$	$
5.6 Community Based Care/ Treatment Facility	$	$	$
5.7 Counseling/Therapeutic Resources	$	$	$

TOTAL SERVICE DOLLARS EXPENDED YEAR-TO-DATE FROM MAJOR FUNDING SOURCES

	COP FUNDS	ESTIMATED FUNDS FROM OTHER SOURCES (Total)	TOTAL FUNDS
V. (Continued)			
5.8 Day Svcs/ Treatment	$	$	$
5.9 Community Support	$	$	$
VI. SYSTEM ACCESS			
6.2 Information & Referral	$	$	$
6.4 Case Management	$	$	$
Service Coordination	$	$	$
6.5 Legal and Defense Resources	$	$	$
6.8 Placement Assistance and Monitoring	$	$	$
VII. MANAGEMENT			
7.1 Manpower Training and Development	$	$	$
7.2 Agency/Systems Management	$	$	$
SUB-TOTAL OTHER FUNDS		$	
VIII. HEALTH SERVICES: MEDICARE, MEDICAID - NOT Included in Section V (If a dollar estimate is impractical, simply check (✓))			
1. Home Health Aide	$	$	$
[✓ 2.] Private Nursing	$	$	$
3. Therapy (PT, OT, Speech,etc)	$	$	$
4. Drugs	$	$	$
5. Physician	$	$	$
6. Dental Care	$	$	$
7. Hospitalization		$	$
8. Nursing Home Utilization		$	$
9. Other Typically Major Medicaid Services Name: ________	$	$	$
IX. OTHER (specify) ________	$	$	$
GRAND TOTALS	$	$	$

Definition of Disabilities Used For COP Reporting

Age/Disability Group (#11, DCS 814)

Elderly - A chronically disabled older person (60+) who has an illness, condition or impairment which is either constant or intermittent, but causes on-going problems to that person in every day living. Unlike an acute illness or condition which can be treated and eliminated or "cured", chronic disability cannot be entirely reversed or eliminated, and remains on a sustained basis.

Chemically Dependent - Persons exhibiting a pattern of repeated and persistent use of alcohol and/or other psychoactive chemical substance for non-medical purposes to the extent that such substances significantly interfere with or impair physical health, psychological functioning or social or economic adaptation, including but not limited to occupational or educational performance and personal and/or family relations.

Developmentally Disabled - Persons having a disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or another neurological condition closely related to mental retardation or requiring treatment similar to that required for mental retardation, which has constituted a substantial handicap to the afflicted individual.

Chronically Mentally Ill - Persons with a long history of psychiatric illness and institutionalization, and in addition includes those younger patients whose histories and clinical picture would lead to a prediction of chronicity. The chronically mentally ill are persons whose emotional disabilities are so serious and persistent that without special support they are unable to maintain a stable adjustment to life. A wide spectrum of diagnostic categories are prevalent, although the majority carry a diagnosis of schizophrenia.

Physically Disabled - Persons with a physical condition resulting from injury, disease or congenital deficiency which significantly interferes with or limits one or more major life activities. Such "physical conditions" include, but are not limited to, total or substantial loss of vision or hearing, anatomical loss and musculoskeletal, neurological respiratory or cardiovascular impairments. "Major life activities" include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, communicating, breathing and working. Individuals diagnosed as having cerebral palsy and epilepsy should be considered "developmentally disabled" even if they meet the definition of "physically disabled."

BEST COPY AVAILABLE

WISCONSIN DHSS
Division of Community Services
DCS-TEMP. 1 (9.83)

Return to: WI DHSS, DCS, Office of Program Initiatives
1 West Wilson Street, P.O. Box 7851
Madison, WI 53707
With client assessment report or soon thereafter

SUPPLEMENTAL DATA/TARGETING FORM

(Completion of this form meets the requirements of the guidelines established under S.46.27, Wis. Stats., and Section 2020(14) of the 1983-85 state budget act.)

County ______________ Client Name ______________________

Person Completing this Form ____________________ Phone # ______________

1. Basis for COP agency determination that this client was seeking or about to be admitted to a nursing home/DD center: (Check all that apply.)

   1. ☐ None needed. This client was in a nursing home when she/he was referred for a COP assessment. (OMIT REST OF ITEMS ON THIS FORM.)
   2. ☐ Client/family/guardian had applied for nursing home/DD center admission for client.
   3. ☐ No application to a nursing home/DD center was made, but client/family/guardian indicated that nursing home/DD center placement was being considered.
   4. ☐ Hospital discharge plan prepared for client recommended nursing home/DD center.
   5. ☐ Client's physician indicated the client needed the type of care provided by a nursing home/DD center.
   6. ☐ Client's family, friends, neighbors (natural supports) were (or shortly would be) unable to provide services needed to maintain client in community.
   7. ☐ Public/private agencies were (or shortly would be) unable to provide services needed to maintain client in community.
   8. ☐ Recent history of frequent and/or extended hospitalizations.
   9. ☐ Client had exhausted his/her financial resources (i.e., savings, insurance, Medicare, etc.) for obtaining medical/social services in a community setting.
   10. ☐ Decline in client's condition.
   11. ☐ History of unsuccessful attempts to maintain client in community settings.

12. ☐ Other factor(s). (Describe ______________________________
____
____.)

2. Expected time from date client was assessed to nursing home admission in the absence of community services:

1. ☐ within 1 month
2. ☐ within 2-3 months
3. ☐ within 4-5 months
4. ☐ within 6-12 months
5. ☐ over 1 year
6. ☐ Unknown (explain ______________________________
____
____.)

3. Prior to the COP assessment, had anyone considered nursing home/DD center placement for this client?

1. ☐ Yes (Enter name and phone number of this person below)
2. ☐ No
3. ☐ Don't Know

Name ______________________________
Phone ______________________________
Relationship to Client ____________________

GK:bu/179

WISCONSIN DHSS
Division of Community Services
DCS-TEMP. 2 (9.83)

Return to: WI DHSS, DCS, Office of Program Initiatives
1 West Wilson Street, P.O. Box 7851
Madison, WI 53707
With client year-end service report.

SUPPLEMENTAL DATA/NATURAL SUPPORTS FORM

(Completion of this form meets the requirements of the guidelines established under S.46.27, Wis. Stats., and Section 2020(14) of the 1983-85 state budget act.)

County ______________________________ Client Name ______________________
Person Completing this Form ________________________ Phone ______________

1. Prior to the COP assessment, how much natural support services/assistance, if any, was this client receiving? Enter estimated dollar value of financial aid per month (line 1). For lines 2-15, estimate hours of service per month.

Type of Service/ Assistance	Source of Assistance						
	Adult Child	Minor Child	Spouse	Other Family	Friends	Neighbor	Volunteer
1. Financial Aid							
2. Legal/Financial Mgt. (Paid)							
3. Legal/Financial Mgt. (Unpaid)							
4. Medically-Related Care (Paid)							
5. Medically-Related Care (Unpaid)							
6. Personal Care (Paid)							
7. Personal Care (Unpaid)							
8. Household Care (Paid)							
9. Household Care (Unpaid)							
10. Supervision (Paid)							
11. Supervision (Unpaid)							
12. Transportation (Paid)							
13. Transportation (Unpaid)							

Type of Service/ Assistance	Source of Assistance						
	Adult Child	Minor Child	Spouse	Other Family	Friends	Neighbor	Volunteer
14. Other (Paid) (Specify ________							
15. Other (Unpaid) (Specify ________							

2. When the COP case plan was developed for this client did you think he/she could be getting more services from natural supports than he/she was receiving?

   1. ☐ Yes

   2. ☐ No (Omit questions 3, 4, and 5. Answer question 6 next.)

3. Identify the additional natural support services/assistance you thought could be developed for this client when the COP case plan was developed. Enter estimated dollar value of financial aid per month (line 1). For lines 2-15, estimate hours of service per month.

Type of Service/ Assistance	Source of Assistance						
	Adult Child	Minor Child	Spouse	Other Family	Friends	Neighbor	Volunteer
1. Financial Aid							
2. Legal/Financial Assist. (Paid)							
3. Legal/Financial Assist. (Unpaid)							
4. Medically-Related Care (Paid)							
5. Medically-Related Care (Unpaid)							
6. Personal Care (Paid)							
7. Personal Care (Unpaid)							
8. Household Care (Paid)							
9. Household Care (Unpaid)							
10. Supervision (Paid)							
11. Supervision (Unpaid)							
12. Transportation (Paid)							
13. Transportation (Unpaid)							

Type of Service/ Assistance	Source of Assistance						
	Adult Child	Minor Child	Spouse	Other Family	Friends	Neighbor	Volunteer
14. Other (Paid) (Specify ________							
15. Other (Unpaid) (Specify ________							

4. Was it possible to arrange any of these additional natural support services/assistance for this client?

   1. ☐ Yes, all of them (Answer question 6 next.)
   2. ☐ Yes, some of them (Answer question 5 next.)
   3. ☐ No (Answer question 5 next.)

5. Why wasn't it possible to arrange all or some of the additional natural support services/assistance for this client?

6. During the time this client received COP-funded services, were the type and amount of natural support services provided to him/her the same as before the COP assessment took place?

   1. ☐ Yes (Omit rest of items on this form.)
   2. ☐ No, he/she got more services (Answer questions 7 and 8.)
   3. ☐ No, he/she got less services (Answer questions 7 and 9.)

7. What type(s) of natural support services/assistance did this client receive during the time he/she received COP-funded services? Enter estimate of financial aid per month (line 1). For lines 2-15, estimate hours of service per month.

Type of Service/ Assistance	Source of Assistance						
	Adult Child	Minor Child	Spouse	Other Family	Friends	Neighbor	Volunteer
1. Financial Aid							
2. Legal/Financial Assist. (Paid)							
3. Legal/Financial Assist. (Unpaid)							
4. Medically-Related Care (Paid)							

Type of Service/ Assistance	Source of Assistance						
	Adult Child	Minor Child	Spouse	Other Family	Friends	Neighbor	Volunteer
5. Medically-Related Care (Unpaid)							
6. Personal Care (Paid)							
7. Personal Care (Unpaid)							
8. Household Care (Paid)							
9. Household Care (Unpaid)							
10. Supervision (Paid)							
11. Supervision (Unpaid)							
12. Transportation (Paid)							
13. Transportation (Unpaid)							
14. Other (Paid) (Specify ________							
15. Other (Unpaid) (Specify ________							

8. If more services from natural supports were provided to the client after he/she started to receive COP-funded services, why did this occur? (Check all that apply.)

1. ☐ Other persons became more aware of client's need for assistance.
2. ☐ Client's condition worsened - had need of more help.
3. ☐ Client became more willing to accept assistance.
4. ☐ County COP staff encouraged others (family, friends, etc.) to assist client.
5. ☐ Life situation of family, friends, changed allowing them to provide help they couldn't provide before (i.e., a neighbor retired from work, thus was home during day and could supervise client, etc.).
6. ☐ Natural support providers were paid, making it possible for them to offer more assistance to client.
7. ☐ Other (Describe ____)

9. If less services from natural supports were provided to the client after he/she started to receive COP-funded services, why did this occur? (Check all that apply.)

   1. ☐ The financial resources of persons providing natural support services were expended.
   2. ☐ Caregivers were physically or mentally no longer able to provide help.
   3. ☐ Client needed more help than could be provided informally.
   4. ☐ The type of help client needed had to be provided by trained/professional personnel.
   5. ☐ Caregivers were willing/able to provide services/assistance on a short term but not on a long term basis.
   6. ☐ Other (Describe ________________________________)

GK:bu/179
9/7/83

Definition of Natural Support Services Used For COP Reporting

Type of Service/Assistance

1. Financial Aid - This category includes: 1) situations in which a relative, friend, etc., gives the client money to obtain food, shelter, or other services, 2) cases in which the relative, friend, etc., uses his/her own funds to pay for such resources/services on behalf of the client, and 3) in-kind services/resources provided to the client.

2-3. Legal/Financial Management - Includes services to help the client manage his/her finances and/or legal affairs.

4-6. Medically-related Care - Following are examples of the types of services that would be reported in this category:

- assisting a client take medications (reminding a client when to take medications should be reported under supervision).
- assisting with the care of medical equipment (catheters, colostomy, etc.)
- assisting with medical therapy (respiratory therapy, physical therapy)
- assisting a client with medical treatments, dressings, etc.

6-7. Personal Care - The provision of routine bodily care for purposes of enhancing or maintaining the client's level of independence and physical well-being. Activities include assisting with: feeding, bathing, grooming, personal hygiene, dressing, exercising, and mobility (getting in and out of bed, positioning in bed, ambulation).

8-9. Household Care - Performing household tasks and home maintenance to maintain and/or enhance a client's living in his/her own home. Activities include: performing housekeeping tasks, making household repairs and special modifications and improvements, clearing walkways, caring for lawns, running errands, and laundering and mending clothes.

10-11. Supervision - Overseeing an individual or group and guaranteeing a safe environment to foster growth and development. Activities include: very basic manipulation of the environment to avoid danger, interrupting dangerous behavior, using disciplinary techniques (including praise and reinforcement), comforting, setting limits, friendly visiting, telephone reassurance, and accompanying clients to and from locations.

12-13. Transportation - Conveying clients to and from service settings and/or other locations and taking materials and equipment to clients. Activities include: providing or arranging for drivers; providing regular and specially-equipped vehicles; delivery of meals; and rides to stores, homes of friends and parks.

14-15. Other - Report any other natural support services on these lines. Describe the service provided.

WISCONSIN DHSS
Division of Community Services
DCS-TEMP. 3 (9.83)

Return to: WI DHSS, DCS, Office of Program Initiatives
1 West Wilson Street, P.O. Box 7851
Madison, WI 53707
With client year end service reports

SUPPLEMENTAL DATA/INCOME AND EXPENDITURES FORM

(Completion of this form meets the requirements of the guidelines established under S.46.27, Wis. Stats., and Section 2020(14) of the 1983-85 state budget act.)

IDENTIFICATION

County ______________________ Client Name ____________________
Person completing this form ______________________ Phone ____________
Reporting Period: From (mo) (day) ________ thru (mo) (day) ________

1. INCOME. Check the sources of income received by this client during the reporting period and enter the amount of money received each month of the reporting period. See instruction sheet for examples.

Source	Received? (Check if Received)	Amount Received Per Month				
		1st Mo	2nd Mo	3rd Mo	4th Mo	Average
1. SSI	☐					
2. SSDI	☐					
3. AFDC	☐					
4. Child Support	☐					
5. Food Stamps	☐					
6. General Relief	☐					
7. Workmens Comp.	☐					
8. Unemployment Comp.	☐					
9. Veteran's Benefits	☐					
10. RNIP (Relief to Needy Indian Persons)	☐					
11. Social Security	☐					
12. Other Private (Wages, Interest, Pensions, etc.)	☐					

Source	Received? (Check if Received)	Amount Received Per Month				
		1st Mo	2nd Mo	3rd Mo	4th Mo	Average
13. HUD Section 8 Rent Subsidy	☐					
14. Other (Specify ______ ______	☐					

2. COST SHARING. Did this client contribute to the cost of any fee-chargeable services provided to him/her by the county department of social services, human services department and/or 51 agency?

   1. ☐ Yes (enter monthly client contribution/fee $_________.)

   2. ☐ No

3. PUBLIC EXPENDITURES. Following is a list of public-funded programs/services which might have been used to maintain COP-funded clients in community settings. The list is categorized by the agencies most likely to arrange programs/services for clients. Check those that were provided to this client. If known, also enter the expenditure from agency funds to provide the program/service to the client during the reporting period. If agency expenditures cannot be determined, describe the amount of service provided to the client. Use the lines at the end of the list to describe any services not included. See instruction sheet for examples.

COUNTY DEPARTMENT OF SOCIAL SERVICES

Program/Source	Received? (Check if Received)	Agency Expenditure Per Month				
		1st Mo	2nd Mo	3rd Mo	4th Mo	Average
1. COP	☒					
2. Low-Income Energy Assistance (LIEAP)	☐					
3. Low-Income Weatherization*	☐					
4. General Relief Payments for Medical Services	☐					
5. Chronic Renal Disease, Hemophelia or T.B. Aid	☐					
6. Social Services Block Grant (SSBG)** Supportive Home Care	☐					

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* May be offered by local public or private non-profit agencies

** Formerly Title XX

	Program/Source	Received? (Check if Received)	Agency Expenditure Per Month 1st Mo	2nd Mo	3rd Mo	4th Mo	Average
7.	SSBG, Other Service** (Specify ____________)	☐					
8.	SSBG, Other Service** (Specify ____________)	☐					
9.	SSBG, Other Service** (Specify ____________)	☐					
10.	SSBG, Other Service** (Specify ____________)	☐					
11.	SSBG, Other Service** (Specify ____________)	☐					
12.	Other (Not SSBG) Services (Specify ____________)	☐					
	COUNTY AGING UNIT						
13.	Elderly and Handicapped Transportation (Co. Grant 85.21 Money)	☐					
14.	Elderly and Handicapped Transportation (Co. Grant 85.22 Money)*	☐					
15.	Social/Services (Thru Title III-B Older Americans Act)	☐					
16.	Congregate Nutrition Prog.* (Title III C-1-State)	☐					
17.	Home Delivered Meals (Title III-C-2)*	☐					
18.	State Senior Community Services Volunteer Program*	☐					
19.	Senior Companion Program (Supplement to Federal Action program)*	☐					

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*May be offered through a contract between the aging unit and a local public or private non-profit agency.

**Formerly Title XX

Program/Source	Received? (Check if Received)	Agency Expenditure Per Month				
		1st Mo	2nd Mo	3rd Mo	4th Mo	Average
20. RSVP, Retired Senior Volunteer Program (Supplement to Federal Action Program)*	☐					
21. Other Services (Specify ______)	☐					
VTAE AND/OR PUBLIC SCHOOL DISTRICT						
22. Elementary/Secondary Education (District ____)	☐					
23. Vocational/Adult Education (District ____)	☐					
51.42/.437 AGENCY/HUMAN SERVICES DEPARTMENT						
24. Respite Care	☐					
25. Community Support Program	☐					
26. Family Support Program	☐					
27. Community Mental Health (Mental Health Block Grant)	☐					
28. Alcohol and Other Drug Abuse (AODA), AODA Block Grant	☐					
29. Day Service/Treatment	☐					
30. Other 51 Service (Specify ______)	☐					
31. Other 51 Service (Specify ______)	☐					
32. Other 51 Service (Specify ______)	☐					
33. Other 51 Service (Specify ______)	☐					

Program/Source	Received? (Check if Received)	Agency Expenditure Per Month 1st Mo	2nd Mo	3rd Mo	4th Mo	Average
34. Other 51 Service (Specify ____________________)	☐					
35. Other 51 Service (Specify ____________________)	☐					
DIVISION OF VOCATIONAL REHABILITATION						
36. Independent Living Center	☐					
37. Workshop for the Blind	☐					
38. Rehab Service for Blind and Visually Impaired	☐					
39. Homecraft	☐					
40. Other Rehab. Services	☐					
OTHER PROGRAMS/SERVICES						
41. ____________________	☐					
42. ____________________	☐					
43. ____________________	☐					
44. ____________________	☐					
45. ____________________	☐					

GK:bu/179

Comments:

BEST COPY AVAILABLE

A27

TYPE OR PLACE ON HARD SURFACE -
WRITE LEGIBLY AND FIRMLY

To Be Completed By State Agency	Agency Action: Rev'd By: ________	Care Level ________ Eff. Date ________

MA PATIENT MEDICAL PLAN OF CARE EVALUATION AND REFERRAL FORM

PART A TO BE COMPLETED BY DISCHARGING FACILITY

Patient Name ________ Last First Middle Initial

Address ________ City County Zip

Age	Birthdate	Sex M F	Marital Status S M W D Sep.	Religion
Medicare No. & Letter		Plan A B	Social Security No.	
Medicaid or SSI No.			Other Insurance	

Resp. Relative or Guardian Relationship

Address Tele. No.

Attending Physician

Discharged From ________ Hospital Home Other Facility

Address ________

Hosp. Adm. Date Disch. Date Hosp. Telephone No.

Facility Admitted To ________ Date ________

Address ________

Reason For Plan of Care (check one):

New Admission To Facility____ Readmission____

MA Eligibility Established While In Facility____ Date ________

Current Care Level____ Re-evaluation Request: ___

Effective Date ________

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN PLAN OF CARE

Directions: Items 1-2 may be deleted if attached in narrative form.

1. PHYSICIAN PLAN OF CARE: (copies are to be attached of curr. phys. exam, chest x-ray, and discharge summary)
   A. Course of treatment including medical/surgical procedures done and date: ________

   B. Diagnoses: (Admitting, discharging, and long-term) ________

2. PHYSICIAN'S ORDERS: Include specific orders for medications, diag. tests, activities act. level, special diet, special treatments, including PT, OT, SPT; (specify freq. per week) ________

3. RECOMMENDATION FOR PATIENT PLACEMENT:
   ☐ Skilled Nursing Facility (see def. on back) ☐ Community Based Residential Fcility (CBRF)
   ☐ Intermediate Care Facility (see def. on back) ☐ Other, specify: ________
   ☐ ICF-1 ☐ ICF-2 ☐ ICF-3 ☐ ICF-4)

4. TREATMENT GOALS AND PROGNOSIS:
   A. Short stay of ____ months with rehabilitation leading to discharge home/or othe facility.
   B. Rehabilitation potential/prognosis (describe the highest level of functioning p. can be expected to achieve.) ________
   C. Long term care ________.

I certify that this patient's medical conditions and related needs are essentially as indicated above, and that inpatient care is necessary. I also certify that this patient is free of communicable disease.

Physician's Signature ________ Date ________ Telephone No. ________

Copies No: Orig.-Rec'ing. Facility [illegible] Copy-Co. of Fac. Locat. [illegible] margin Fac. (medical records)

Patient's Name ______________________ MC/MA No. __________

PART C TO BE COMPLETED BY REGISTERED NURSE

PATIENT CARE PLAN

NURSING: Self-Care Status Check Func. Level		Indep.	Unable	Needs Assist.	Comments
Ambulation	Bed-Chair				
	Walking				
	Stairs				
	Wheelchair				
	Crutches				
	Walker				
	Cane				
Activities	Bathe self				
	Dress self				
	Feed self				
	Brush teeth				
	Shaving				
	Toilet				
	Commode				
	Bedpan/Urinal				

Incontinence: ☐ Bladder ☐ Bowel

Bowel & Bladder Program ☐ Yes ☐ No

Catheter: Type Date last changed:

Vital Signs: T P R BP

Weight Height Date

Check If Pertinent: Describe in patient care plan

DISABILITIES
- __ Amputation
- __ Paralysis
- __ Contracture
- __ Decubitus
- __ Ostomy
- __ Other ______

BEHAVIOR
- __ Oriented
- __ Forgetful
- __ Noisy
- __ Confused
- __ Withdrawn
- __ Wanders
- __ Combative

COMMUNICATION
- __ Can Write
- __ Talks
- __ Understands Speaking
- __ Understands English
- __ Language Barrier
- __ Reads
- __ Nonverbal

IMPAIRMENTS
- __ Speech
- __ Hearing
- __ Vision
- __ Sensation
- __ Other

APPLIANCES/PROSTHESIS
Check "S" if sent; "N" if needed.
- __ Cane
- __ Crutches
- __ Walker
- __ Wheelchair
- __ Other ______
- __ Dentures
- __ Eye Glasses
- __ Hearing Aid
- __ Prosthesis (type)

Comments: ______

PATIENT CARE PLAN
Describe details of care; sp. prob./approaches rel. to administ. of medicat./treatments, skin condition, teaching done or needed, level of patient understanding, motivation, communications, restraints, diet, allergies;

(Attach additional page if necessary)

I certify the above information is current and correct to the best of my knowledge. Date ______ Tele. No. ______

R.N. Signature

Copies attached: __ Phys. & Chest X-Ray __ Discharge Summary __ Prog. Notes __ PT, __ OT, __ SP __ Dietary

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PART D TO BE COMPLETED BY SOCIAL WORKER (WHERE AVAILABLE)

SOCIAL SERVICE

Prior to present, pt. lived: __ With Family __ With Friends __ Alone __ Nursing Home __ Other ______

SOCIAL INFORMATION (include info. re. patient's attitude, person., family constell./inter-relat.)

Present Situation: (short/long range social service plans) ______

(Attach Social Summary if nec.)

Social Worker Signature Date Telephone No.

Copies to: Orig.-Rec'ing. Facility (1)Copy-DOH DO (2)Copy-Co. of Fac. Locat. (3)Copy-Discharging Fac. (medical record)

SURVEY OF PERSONS IDENTIFIED AS CONSIDERING NURSING HOME PLACEMENT FOR COP SERVICE CLIENTS

Client Name: ______________
Respondent's Name: ______________
County Number: ______________
Client Number: ______________

1. (Is the respondent also the person identified by the county as the "responsible relative or guardian?)

   _____ (1) Yes _____ (2) No _____ (3) Don't Know

   Hello. Is this (respondent's name)?

   My name is (your name) from the Wisconsin Department of Health and Social Services.

   We're gathering information on a state-funded program, the Community Options Program (COP), which funds services like supportive home care for persons who might otherwise have to go into a nursing home. The program is run through the county human services offices. Your name has been given to me as someone who could be contacted regarding (client), who receives services funded by this program.

   If you're willing, I'd like to ask you some questions. We're doing some research to find out how people come to be referred and admitted to nursing homes, so we can determine how COP services can be provided to those people most in need of them. Since (client) receives services funded by the COP program (he/she) would recently have been considered for nursing home care, and we'd like to find out how a nursing home came to be considered in (his/her) case.

   My questions take about 10 minutes. Neither you nor (client's name) will be identified in this study, and your answers will in no way affect any benefits or services (client's name) might be getting now or in the future.

   As I said, the questions take about 10 minutes. Would you be willing to answer them? Do you have time now, or should I call back another time?

   If call back

   Time: __________

   Date: __________

2. We understand that, at one time, you considered nursing home care for (client's name). Is that true?

   _____ (1) Yes (Go to C.) _____ (2) No

3. Did anyone that you know of consider nursing home care for (client)?

_____ (1) Yes _____ (2) No (Go to A.)

4. Do you think this person would be willing or able to answer our questions about how nursing home care came to be considered for (client)?

_____ (1) Yes _____ (2) No (Go to B.) _____ (3) Don't Know

Ask for the name and phone number of this person:

Name ________________________

Phone ________________________

Relationship to client ________________________

a. (IF NO) I'm sorry; we must have been given some incorrect information. (Probe) That means you didn't discuss a nursing home with someone else, or think to yourself that a nursing home might be necessary for (client's name)?

b. (IF STILL NO) All right. As I said, our questions are about how people come to be referred to nursing homes, and why people think nursing home care is needed in a particular case. So, if you've never considered a nursing home for (client's name), unless you have some questions, thank you for your time.

c. (IF YES), we'd like to ask you some questions about why you thought nursing home care was needed, what you did and who else was involved in the decision to look into nursing home care.

5. Could you tell me about when you first seriously considered a nursing home for (client)?

a. Month _____/_____ Year __/__/__/__

(If unable to give month and year)

b. Was it within the last 6 months, 6 months to a year ago, 1-2 years ago or more than 2 years ago?

_____ (1) within last 6 months
_____ (2) 6 months to 1 year ago
_____ (3) 1-2 years ago
_____ (4) more than 2 years ago

6. Was there a particularly memorable event or incident that caused you first to think seriously about a nursing home? Like an accident, illness, the death of someone close to (client).

_____ (1) Yes _____ (2) No (Go to Q 8)

7. (IF YES), what was the event or incident?

____

____

8. When did this happen?

a. Month ____/____ Year __/__/__/__

b. (If unable to give month and year) Was it within the last 6 months, from 6 months to a year ago, 1 to 2 years ago or more than 2 years ago?

_____ (1) within last 6 months
_____ (2) 6 months to 1 year ago
_____ (3) 1-2 years ago
_____ (4) more than 2 years ago

We're interested in the reasons why people consider nursing home care.

9 (IF YES to Q 6): Why did it seem that nursing home care might be needed for (client) following (the event named in Q7)? For example, did (client) need professional care, did (he/she) need more help than could be provided at home, or were there other reasons that nursing home care was considered?

(IF NO to Q 6): You said that no particular event or incident occurred that led you to consider nursing home care for (client). What were the reasons, then, that nursing home care was being considered? For example, did (client) need professional care, did (he/she) need more help than could be provided at home, or were there other reasons that nursing home care was considered? (Check all that apply.)

a. _____ (1) The financial resources of persons providing help were exhausted.
b. _____ (1) Caregivers were physically or mentally no longer able to provide help.
c. _____ (1) (Client) need more help than could be provided informally by relatives, friends, and neighbors.
d. _____ (1) The type of help (client) needed had to be provided by training/professional personnel.
e. _____ (1) Other: ______________________________

10 We would like to know all of the things that you actually did when you were considering nursing home care for (client). Did you: (Check all that apply)

a. _____ (1) think, to yourself, that a nursing home might be a good idea?
b. _____ (1) did you talk with (his/her) friends and relatives about it?
c. _____ (1) did you talk with (the client) about it?
d. _____ (1) did you or someone else talk with an agency about nursing home care?
e. _____ (1) did you or someone else get agreement from (his/her) friends or relatives that nursing home care might be needed?
f. _____ (1) did you or someone else talk with a particular nursing home about admissions?
g. _____ (1) did you or someone else actually complete an application to a particular nursing home?
h. _____ (1) did (client) actually stay in the nursing home for a time?
i. _____ (1) other: ____________

11. a. Were there persons involved who were strongly opposed to placing (client) in a nursing home?

_____ (1) Yes _____ (2) No (Go to Q 12) _____ (3) Don't Know
(Go to Q 12)

b. About how many people were opposed to placing (client) in a nursing home? ________ person(s)

c. IF YES, who were they?

1. _____ (1) a doctor
2. _____ (1) the client
3. _____ (1) client's spouse
4. _____ (1) client's child
5. _____ (1) client's children
6. _____ (1) other relative of client
7. _____ (1) friend of client
8. _____ (1) other (specify: ________________________________)

(If the doctor was not named in 11c):

12. What was the doctor's attitude toward nursing home care for (client)? Was the doctor...

_____ (1) in favor of nursing home care.
_____ (2) opposed to nursing home care.
Or, did the doctor...
_____ (3) suggest that nursing home care might be necessary or a good idea?
_____ (4) Respondent doesn't know.

I'm also interested in finding out about what kinds of things influenced the decision about nursing home care for (the client).

13. What kinds of things kept (client) from entering a nursing home? (Check all that apply.)

a. _____ (1) There was opposition from (client's) doctor, family, friends, or neighbors.
b. _____ (1) There were no openings in nearby nursing homes.
c. _____ (1) Was not satisfied with the nursing homes considered.
d. _____ (1) The nursing homes considered were too far away.
e. _____ (1) Unable to meet the financial expenses of nursing home care.
f. _____ (1) (Client) did not need the type of care offered by a nursing home.
g. _____ (1) It was possible to provide the necessary assistance in the community.
h. _____ (1) (Client's) condition improved.
i. _____ (1) Other: ________________________

14. Who made the decision not to place (the client) in a nursing home? Was it ... (check all that apply)

a. _____ (1) a doctor
b. _____ (1) the client
c. _____ (1) client's spouse
d. _____ (1) client's child
e. _____ (1) client's children
f. _____ (1) other relative of client
g. _____ (1) friend of client
h. _____ (1) other: ____________________

15. Is nursing home care still being considered for (client)?

_____ (1) Yes
_____ (2) No
_____ (3) Possibly
_____ (4) Don't Know
_____ (5) Other: __________

Natural Supports

Finally, I'm interested in finding out a little bit about the type of assistance (client) has been receiving from relatives, friends, neighbors, and volunteers. The type of assistance I'm interested in includes help around the house, personal assistance (like help with bathing, eating, etc.), transportation, legal or financial help, and help with medical care (like helping client take his/her medications, for example), or support and supervision.

16. a. Before (client) was assessed by COP, was he/she receiving any help like that?

_____ (1) Yes
_____ (2) No (Go to Q 17)
_____ (3) Don't Know (Go to Q 17)

b. What type of assistance was (he/she) receiving from family, friends, neighbors, and others?

Type of Service/ Assistance	Adult Child	Minor Child	Spouse	Other Family	Friends	Neighbor	Volunteer
1. Financial Aid							
2. Legal/financial mgt. (paid)							
3. Legal/financial mgt. (unpaid)							
4. Medically-related care (paid)							
5. Medically-related care (unpaid)							
6. Personal care (paid)							
7. Personal care (unpaid)							

Type of Service/ Assistance	Adult Child	Minor Child	Spouse	Other Family	Friends	Neighbor	Volunteer
8. Household care (paid)							
9. Household care (unpaid)							
10. Supervision (paid)							
11. Supervision (unpaid)							
12. Transportation (paid)							
13. Transportation (unpaid)							

17. Since (client) has been receiving services from COP, would you say that overall/he/she has been receiving about the same, more, or less of these kinds of assistance from relatives, friends, neighbors, or volunteers?

1) ☐ about the same

2) ☐ more

3) ☐ less

4) ☐ don't know

(If respondent answers "don't know" to both Questions 16 and 17, ask for name of person who could be contacted for this information.)

________________________ Name
________________________ Phone
________________________ Relationship to client

SC/so/204

Table B1
Admissions to Nursing Homes By County

County	Medicaid-Funded Admissions						Medicare-Funded (All SNF)			Other Admissions					
	1981		1982		1983					1981		1982		1983	
	SNF	Total	SNF	Total	SNF	Total	1981	1982	1983	SNF	Total	SNF	Total	SNF	Total
"82 COP Counties:															
1. Dane	281	423	227	322	219	302	511	415	655	421	697	423	670	416	694
2. LaCrosse	116	169	213	286	168	218	68	102	70	128	190	114	172	229	287
3. Pepin	41	51	17	21	16	28	0	0	0	50	59	38	39	53	61
4. Portage	103	123	104	128	38	48	0	0	0	42	48	66	74	91	95
5. Racine	195	306	183	227	143	173	104	79	152	193	271	194	300	244	326
6. Rusk	49	60	48	58	24	37	0	0	0	24	32	23	32	23	29
7. Waupaca	172	236	100	146	98	142	0	15	28	184	377	206	360	198	357
8. Winnebago	146	189	183	221	184	224	0	67	89	227	282	233	325	199	313
(SubTotal)	(1103)	(1557)	(1075)	(1409)	(1890)	(1172)	(683)	(678)	(994)	(1269)	(1950)	(1297)	(1972)	(1453)	(2162)
"83 COP Counties:															
1. Ashland	82	108	56	75	50	81	0	0	77	55	67	41	52	49	56
2. Brown	297	421	144	231	126	206	455	598	591	252	372	241	415	240	378
3. Calumet	36	59	11	21	15	23	0	0	2	52	102	24	61	38	91
4. Chippewa	147	221	98	130	59	86	0	0	0	81	134	83	155	92	152
5. Eau Claire	212	267	261	387	161	241	0	0	0	113	162	134	183	143	205
6. Jackson	0	0	34	56	77	119	0	0	0	0	0	25	52	13	52
7. Jefferson	69	98	68	108	57	89	16	67	127	2	52	78	99	74	111
8. Kenosha	263	364	186	273	76	154	60	188	177	171	358	134	283	116	256

Table B1 continued

County	Medicaid-Funded Admissions						Medicare-Funded (All SNF)			Other Admissions					
	1981		1982		1983					1981		1982		1983	
	SNF	Total	SNF	Total	SNF	Total	1981	1982	1983	SNF	Total	SNF	Total	SNF	Total
9. Manitowoc	85	120	146	206	100	141	0	0	0	120	192	199	345	176	275
10. Marathon	229	376	159	239	172	99	32	49	52	94	202	138	237	85	179
11. Marinette	88	144	63	109	40	110	0	0	0	66	153	58	132	49	126
12. Milwaukee	2035	2838	1872	2569	1592	2352	479	540	799	1688	2427	1623	2313	1850	2599
13. Outagamie	112	177	175	228	94	140	103	122	158	229	277	235	328	213	269
14. Rock	341	464	258	358	265	348	64	88	107	317	509	244	435	274	437
15. Sauk	93	139	114	137	99	118	25	32	74	124	164	131	163	108	143
16. Vernon	81	101	33	46	44	53	0	0	0	68	83	31	42	50	65
17. Walworth	66	150	78	117	98	137	0	2	23	163	225	201	277	253	351
18. Washington	123	168	93	118	48	67	11	26	29	151	228	118	189	114	186
19. Wood	155	184	150	168	100	143	93	89	149	116	190	105	155	120	182
20. Menominee	0	0	0	0	0	0	0	0	0						
Subtotal	(4515)	(6399)	(3999)	(5576)	(3273)	(4707)	(1338)	(1801)	(2365)	(3862)	(5897)	(3843)	(5916)	(4057)	(6113)
Non-COP Counties															
1. Adams	62	81	25	27	22	29	0	0	0	44	47	17	20	34	36
2. Barron	139	221	76	121	84	111	0	0	0	93	133	65	95	90	132

Table B1 continued

County	Medicaid-Funded Admissions						Medicare-Funded (All SNF)			Other Admissions					
	1981		1982		1983					1981		1982		1983	
	SNF	Total	SNF	Total	SNF	Total	1981	1982	1983	SNF	Total	SNF	Total	SNF	Total
Non-COP Counties															
3. Bayfield	18	29	12	17	23	29	0	0	0	6	10	19	23	25	26
4. Buffalo	18	41	34	55	39	77	0	0	0	13	44	44	88	50	89
5. Burnett	26	50	12	35	10	31	0	0	0	34	52	13	50	6	33
6. Clark	110	239	93	141	100	151	0	0	0	56	97	104	156	88	133
7. Columbia	130	156	81	103	67	95	0	0	0	129	151	94	121	122	164
8. Crawford	123	174	86	111	25	42	0	0	0	28	43	53	87	37	43
9. Dodge	126	202	134	227	155	212	0	0	56	178	256	198	271	190	240
10. Door	35	67	23	39	18	38	6	27	38	49	76	51	81	35	64
11. Douglas	231	306	166	233	159	229	0	0	0	112	154	134	204	148	209
12. Dunn	76	123	56	86	53	77	0	0	0	39	82	27	66	52	93
13. Florence	17	27	12	27	15	22	0	0	0	2	11	8	14	10	15
14. Fond du Lac	131	196	89	136	66	107	264	301	325	131	202	163	238	183	242
15. Forest	71	94	26	43	71	89	0	0	0	13	24	17	31	13	22
16. Grant	149	200	96	138	136	200	74	76	58	149	223	151	206	146	207
17. Green	35	62	23	52	31	45	12	13	25	56	140	72	150	95	155
18. Green Lake	66	80	57	62	39	52	15	11	9	66	87	73	86	48	64
19. Iowa	47	66	19	38	23	43	0	0	0	49	73	35	49	46	63
20. Iron	31	44	35	47	19	31	0	0	0	19	27	4	7	17	25
21. Juneau	36	54	23	51	21	45	0	0	0	19	45	32	61	28	55
22. Kewaunee	74	83	28	34	24	28	0	0	0	37	61	33	45	24	34

Table B1 continued

County	Medicaid-Funded Admissions						Medicare-Funded (All SNF)			Other Admissions					
	1981		1982		1983					1981		1982		1983	
	SNF	Total	SNF	Total	SNF	Total	1981	1982	1983	SNF	Total	SNF	Total	SNF	Total
23. Lafayette	18	29	28	32	30	46	0	0	0	30	38	54	65	18	23
24. Langlade	60	79	32	45	44	55	0	0	0	36	45	22	30	28	37
25. Lincoln	120	150	149	186	36	65	0	0	41	93	111	54	73	41	71
26. Marquette	65	80	17	20	11	13	0	0	0	31	34	20	27	7	8
27. Monroe	54	89	64	100	56	66	8	0	0	52	96	61	116	83	116
28. Oconto	64	89	72	89	82	109	0	0	0	56	77	75	98	119	132
29. Oneida	130	227	91	149	65	103	0	98	109	64	88	33	53	50	96
30. Ozaukee	26	37	20	20	91	98	6	75	15	44	58	137	170	114	127
31. Pierce	24	35	45	70	35	66	0	0	0	38	64	30	63	54	88
32. Polk	144	194	82	120	88	125	0	0	0	62	91	95	149	85	148
33. Price	120	139	88	111	39	53	0	0	0	62	72	76	84	54	60
34. Richland	31	45	21	31	32	42	0	0	0	19	44	24	73	29	82
35. St. Croix	151	227	104	164	92	130	53	27	35	95	193	128	216	98	157
36. Sawyer	37	49	42	57	52	70	0	0	0	18	25	28	35	24	34
37. Shawano	98	145	70	99	94	123	0	0	68	73	132	78	128	62	102
38. Sheboygan	163	289	186	259	127	170	3	0	15	204	438	209	421	277	441
39. Taylor	67	117	46	68	33	48	0	0	21	31	56	46	65	25	54
40. Trempeleau	142	247	89	170	72	134	0	0	0	85	145	64	109	100	148
41. Vilas	22	29	18	27	23	35	0	0	0	34	47	29	46	24	43
42. Washburn	30	60	16	27	40	65	0	0	0	9	14	4	10	38	60

Table B1 continued

County	Medicaid-Funded Admissions						Medicare-Funded (All SNF)			Other Admissions					
	1981		1982		1983					1981		1982		1983	
	SNF	Total	SNF	Total	SNF	Total	1981	1982	1983	SNF	Total	SNF	Total	SNF	Total
43. Waukesha	174	224	150	204	179	212	79	74	81	185	329	252	428	325	509
44. Waushara	59	74	29	35	36	47	0	0	0	49	58	35	50	47	56
(Subtotal)	(3550)	(5249)	(2665)	(3906)	(2557)	(3658)	(520)	(702)	(896)	(2692)	(4293)	(2961)	(4658)	(3189)	(4736)
Grand Total	9167	13205	7736	10891	6720	9537	2541	3181	4255	7623	12140	8101	12546	8699	13011

APPENDIX C

List of Comparison Group Nursing Home Residents By County, Nursing Home, and Care Level

County	Nursing Home	Residents Selected	Certification Level
Ashland	Ashland Nursing Home	1 ICF1	SNF/ICF
	Court Manor	1 SNF	SNF/ICF
Brown	Americana-Healthcare-East	1 SNF	SNF
	Bornemann's Nsg. Home #2	1 SNF	SNF/ICF
	Grancare Nsg. Center	1 ICF1	SNF/ICF
	Guardian Angel Nsg. Home	1 ICF2	ICF
	Jefferson Manor	1 ICF3	ICF/MR
	Santa Maria Nsg. Home	1 ICF1	SNF/ICF
	Western Village	1 ICF1	SNF/ICF
	Wisconsin Odd Fellow Rebekah Nsg. Home	1 SNF	SNF/ICF
Calumet	Calument Homestead	1 SNF	SNF/ICF
	Chilton Village	1 ICF1	SNF/ICF
Chippewa	Bloomer Community Memorial Hospital	1 SNF	SNF/ICF
	Northern Wisconsin Center for the Developmentally Disabled	3 SNF, 3 ICF1 1 ICF2	ICF/MR
Dane	Arbor View Health Care Center, Inc.	1 SNF	SNF/ICF
	Black Earth Manor	1 SNF	ICF
	Central Wisconsin Center for the Developmentally Disabled	3 SNF, 3 ICF1 1 ICF3	ICF/MR
	City View Nsg. Home	1 SNF	SNF/ICF
	Colonial Manor Nsg. Center	1 SNF, 1 ICF2	SNF/ICF
	Dane County Home - West Bldg.	1 ICF1	SNF/ICF
	Dane County Home - East Bldg.	1 ICF3	SNF/ICF
	Four Winds Manor	1 SNF	SNF/ICF
	Ingleside	1 SNF, 1 ICF4	SNF/ICF
	Karmenta Health Care Center	1 SNF	SNF/ICF
	Leader Nsg. and Rehabilitation Center	1 SNF	SNF/ICF
	Madison Convalescent Center	1 ICF1	SNF/ICF
	McCarthy Nsg. Home	1 ICF1	ICF/MR
	Methodist Health Center	1 ICF2	SNF/ICF
	Middleton Village Nsg. Home	1 SNF, 1 ICF3	SNF/ICF

	Monona Drive Rest Home	1 ICF1	ICF
	Nazareth House	1 ICF1	SNF/ICF
	Skaalen Sunset Home	1 ICF3	SNF/ICF
	Sun Prairie Health Care Center	1 ICF1	ICF
	Sunny Hill Rest Home	1 SNF, 1 ICF1	SNF/ICF
	The Willows Nsg. Home	1 SNF, 1 ICF1	SNF/ICF
	Waunakee Manor Health Center	1 SNF	SNF/ICF
Eau Claire	Eau Claire Manor, Inc.	1 ICF1	SNF/ICF
	Fall Creek Valley Nsg. Home	1 SNF	SNF/ICF
	Henry Thodes Oakwood Villa	1 ICF3	SNF/ICF
Jackson	Family Heritage Nsg. Home	1 SNF, 1 ICF3	SNF/ICF
	Pine View	1 ICF1	SNF/ICF
Jefferson	Bethesda-Ritter Dierker	1 ICF3	SNF/ICF/MR
	Countryside Home	1 ICF1	SNF/ICF
	Willowbrook of Lake Mills	1 SNF	SNF/ICF
Kenosha	Brookside Care Center	1 SNF, 1 ICF3	SNF/ICF
	Hospitality Manor	1 SNF	SNF/ICF
	Shady Lawn East Nsg. Home	1 ICF1	ICF
	Shady Lawn West Nsg. Home	1 ICF1	SNF/ICF
	Sheridan Nsg. Home	1 SNF	SNF/ICF
	Washington Manor Nsg. Home	1 ICF2	SNF/ICF
	Woodstock/Kenosha Health Center	1 SNF, 1 ICF1	SNF/ICF
La Crosse	Bethany - Riverside	1 SNF, 1 ICF1	SNF/ICF
	Bethany - St. Joseph Health Center	1 ICF3	SNF/ICF
	Hillview Home	1 ICF1	SNF/ICF
	Lakeview Health Center	1 ICF2	SNF/ICF
	Mulder Health Care Facility	1 SNF	SNF/ICF
	Onalaska Care Center	1 SNF	SNF/ICF
	St. Francis Home	1 SNF	SNF/ICF
	St. Joseph's Nsg. Home	1 ICF1	SNF/ICF
Manitowoc	Hamilton Memorial Home	1 ICF1	SNF/ICF
	Manitowoc Health Care Center	1 SNF	SNF/ICF
	North Ridge Care Center	1 ICF3	SNF/ICF
	Shady Lane Home	1 ICF1	ICF
	St. Mary's Home for the Aged	1 SNF	SNF/ICF
Marathon	Colonial Manor of Wausau	1 ICF1	SNF/ICF
	Continental Manor	1 SNF	SNF/ICF
	Heritage Haven Care Center	1 ICF3	SNF/ICF

	Marathon Health Care Center	1 SNF	SNF/ICF
	Marywood Convalenscent Center	1 SNF	SNF/ICF
	Mount View Nsg. Home	1 ICF2	ICF
	Sunny Vale Nsg. Home	1 ICF1	SNF/ICF
Marinette	Larsen Memorial Nsg. Home	1 ICF1	ICF
	Luther Home	1 SNF	SNF/ICF
	Pine View Health Care Center	1 ICF3	SNF/ICF
	Rennes Health Center	1 SNF	SNF/ICF
Milwaukee	Bethel Care Center, Inc.	1 ICF2	SNF/ICF
	Bradley Convalescent Center	1 SNF	SNF/ICF
	Clement Manor Health Care Center	1 SNF	SNF/ICF
	DePaul Belleview Extended Care Center	1 ICF3	SNF/ICF
	Family Hospital Nsg. Home	1 SNF	SNF/ICF
	Francsican Villa of South Milwaukee	1 ICF4	SNF/ICF
	Glen Field Health Care Center	1 SNF	SNF/ICF
	Hearthside Rehabilitation Center	1 ICF1	SNF/ICF/MR
	Luther Manor	1 ICF3	SNF/ICF
	Lutheran Home for the Aging, Inc.	1 ICF1	SNF/ICF
	Marian Catholic Home	1 SNF	SNF/ICF
	Marina View Manor	1 SNF	SNF/ICF
	Mary-Jude Nsg. Home	1 ICF2	SNF/ICF
	Milwaukee Catholic Home	1 SNF	SNF/ICF
	Milwaukee County Mental Health Complex	1 ICF3	SNF/ICF
	Milwaukee County Mental Health Complex (South)	1 SNF	SNF/ICF
	Mt. Carmel Nsg. Home	1 ICF1	SNF/ICF
	North Shore Health Care Center	1 ICF1	SNF/ICF
	Northwest Health Center	1 SNF	SNF/ICF
	Parkview Care Center, Inc.	1 SNF	SNF/ICF
	Pavilion Nsg. Center	1 ICF1	SNF/ICF
	River Hills South Health Care Center	1 ICF1	SNF/ICF
	St. John's Home of Milw.	1 SNF	SNF/ICF
	St. Joan Antida Home	1 ICF1	SNF/ICF
	Sunrise Nsg. Home for the Blind	1 SNF	SNF/ICF
	Villa Clement	1 ICF1	SNF/ICF

Outagamie	Americana Healthcare Center	1 SNF	SNF
	Appleton Extended Care Center	1 SNF	SNF/ICF
	Colony Oaks Care Center	1 ICF1	SNF/ICF
	Good Sheperd Nsg. Home, Ltd.	1 SNF	SNF/ICF
	Oneida Nsg. Home	1 ICF1	SNF/ICF
	Outagamie Co. Health Center	1 ICF2, 1 ICF3	SNF/ICF
	Parkside Care Center	1 SNF	SNF/ICF
	Riverview Health Center	1 ICF1	SNF/ICF
Pepin	Chippewa Valley Hospital - Nsg. Home, Inc.	1 ICF1	SNF/ICF
	Pepin Manor Care Center	1 SNF, 1 ICF3	SNF/ICF
Portage	Portage County Home	1 SNF, 1 ICF1, 1 ICF3	SNF/ICF
	River Pines Community	2 SNF, 1 ICF1, 1 ICF2	SNF/ICF
Racine	High Ridge Health Care Center of Racine	1 SNF, 1 ICF1	SNF/ICF
	Lincoln Lutheran of Racine	1 SNF, 1 ICF2	SNF/ICF
	Lincoln Village Convalescent Center	1 SNF	SNF
	Mt. Carmel Care Center	1 SNF	SNF/ICF
	Racine Residential Care	1 ICF4	ICF/MR
	Southern Wisconsin Center for the Developmentally Disabled	3 SNF, 4 ICF1, 2 ICF3, 1 ICF4	ICF/MR
	St. Catherine's Infirmary	1 SNF	SNF/ICF
	The Becker-Shoop Center	1 SNF, 1 ICF1, 1 ICF3	SNF/ICF
	Westview Nsg. Home, Inc.	2 SNF, 1 ICF2	SNF/ICF
Rock	Beloit Convalescent Center	1 SNF, 1 ICF1	SNF/ICF
	Caravilla	1 ICF1	SNF/ICF
	Caravilla - South Wing	1 ICF1, 1 ICF4	ICF
	Cedar Crest Health Center	1 ICF1	SNF/ICF
	Clinton Meadows Park Nsg. Home	1 ICF2	SNF/ICF
	Evansville Manor	1 SNF	SNF/ICF
	Janesville Health Care Center	1 SNF	SNF/ICF
	Memorial Community Hospital Long-Term Care Facility	1 SNF, 1 ICF3	SNF/ICF
	Rock County Health Care Center	1 SNF	SNF/ICF
	The Carlyle	1 SNF	SNF/ICF

Rusk	Ladysimith Nsg. Home	1 ICF1	ICF
	Rusk Co. Memorial Hospital Nsg. Home	1 SNF	SNF/ICF
Sauk	Ed Snyder Old People's Home	1 ICF3	SNF/ICF
	Jefferson Meadows Care Center	1 SNF	SNF/ICF
	Maplewood of Sauk Prairie	1 ICF1	SNF/ICF
	Sauk County Health Care Center	1 SNF	SNF/ICF
Vernon	Norseland Nsg. Home	1 SNF	SNF/ICF
Walworth	Holton Manor	1 SNF	SNF/ICF
	Sherwood Care Center	1 ICF1	SNF/ICF
Washington	Cedar Lake Home Campus	1 SNF, 1 ICF1	SNF/ICF
	Gateway Nsg. Home	1 SNF, 1 ICF3	SNF/ICF
	Samaritan Home	1 ICF1	SNF/ICF
Waupaca	Bethany Home	1 SNF	SNF/ICF
	Greentree Health Care Center	1 ICF1	SNF/ICF
	Pine Manor Nsg. Home, Inc.	1 ICF1	SNF/ICF
	Wisconsin Veteran's Home #500	1 SNF	SNF/ICF
	Wisconsin Veteran's Home #700	1 ICF3	SNF/ICF
Winnebago	Bethel Home	1 SNF, 1 ICF1, 1 ICF4	SNF/ICF
	Evergreen Manor	1 SNF, 1 ICF1, 1 ICF2	SNF/ICF
	Oakridge Gardens Nsg. Center	1 SNF	SNF
	Omro Care Center	1 SNF, 1 ICF1, 1 ICF2	SNF/ICF
	Oshkosh Care Center	1 SNF, 1 ICF1, 1 ICF3	SNF/ICF
	Park View Health Care - Pleasant Acres	1 SNF, 1 ICF1, 1 ICF3	SNF/ICF
	Park View Health Care - Rehabilitation Pavilion	1 SNF	SNF/ICF
	Vallhaven Care Center	1 SNF, - ICF1	SNF/ICF
Wood	Bethel Convalescent Center	1 ICF1, 1 ICF3	SNF/ICF
	Edgewater Haven Nsg. Home	1 SNF	SNF/ICF
	Family Heritage Nsg. Home	1 ICF1	SNF/ICF
	Marshfield Convalescent Center	1 SNF	SNF/ICF

APPENDIX D

Services Available Under the Wisconsin Medical Assistance Program to Categorically and Medically Needy Eligibles

Available to		
Medically Needy	Categorically Needy	Benefits Under the Wisconsin Medical Assistance Program
x	x	1. Physicians' services.
x	x	2. Early and periodic screening and diagnosis of persons under 21 years of age.
x	x	3. Rural health clinic services.
		4. The following medical services if prescribed by a physician:
x	x	a. Inpatient hospital services other than services in an institution for mental diseases.
x	x	b. Skilled nursing home services other than in an institution for mental diseases.
x	x	c. Home health services, or nursing services if a home health agency is unavailable.
x	x	d. Laboratory and x-ray services.
x	x	e. Family planning services and supplies.
x	x	f. Nurse midwifery services.
	x	5. Dentists' services, limited to certain basic dental services.
	x	6. Optometrists' or opticians' services.
x	x	7. Transportation by emergency medical vehicle to obtain emergency medical care, transportation by specialized medical vehicle to obtain medical care or, if authorized in advance by the county department of public welfare or social services, transportation by common carrier or private motor vehicle to obtain medical care.
	x	8. Chiropractors' services.
	x	9. Eyeglasses.
		10. The following services if prescribed by a physician:
x	x	a. Intermediate care facility services.
x	x	b. Physical and occupational therapy.
x	x	c. Speech, hearing and language disorder services.
x	x	d. Medical supplies and equipment.

Available to		
Medically Needy	Categorically Needy	Benefits Under the Wisconsin Medical Assistance Program
	x	e. Inpatient hospital, skilled nursing facility and intermediate care facility services for patients of any institution for mental diseases who are under 21 years of age, are under 22 years of age and who were receiving these services immediately prior to reaching age 21, or are 65 years of age or older.
	x	f. Medical day treatment services and other mental health services including services provided by a psychiatrist, purchased or provided by a community mental health board created under s.51.42 for the county in which the patient resides.
	x	g. Nursing services.
x	x	h. Legend drugs, as listed in the Wisconsin medical assistance drug index, but limited to antibiotics, psychotropic, muscle relaxant and anticonvulsant legend drugs for the medically needy.
x	x	i. Insulin, antacids and analgesics.
	x	11. Beginning January 1, 1982, inpatient psychiatric care, including alcohol and other drug abuse treatment services, for persons age 22 to 64, if the community mental health board created under s.51.42 for the county in which the person resides authorizes payment.
x	x	12. Payment of any of the deductible and co-insurance portions of the above services which are paid under Title XVIII (Medicare) and the monthly premiums payable under the Social Security Act, except for the medically needy.